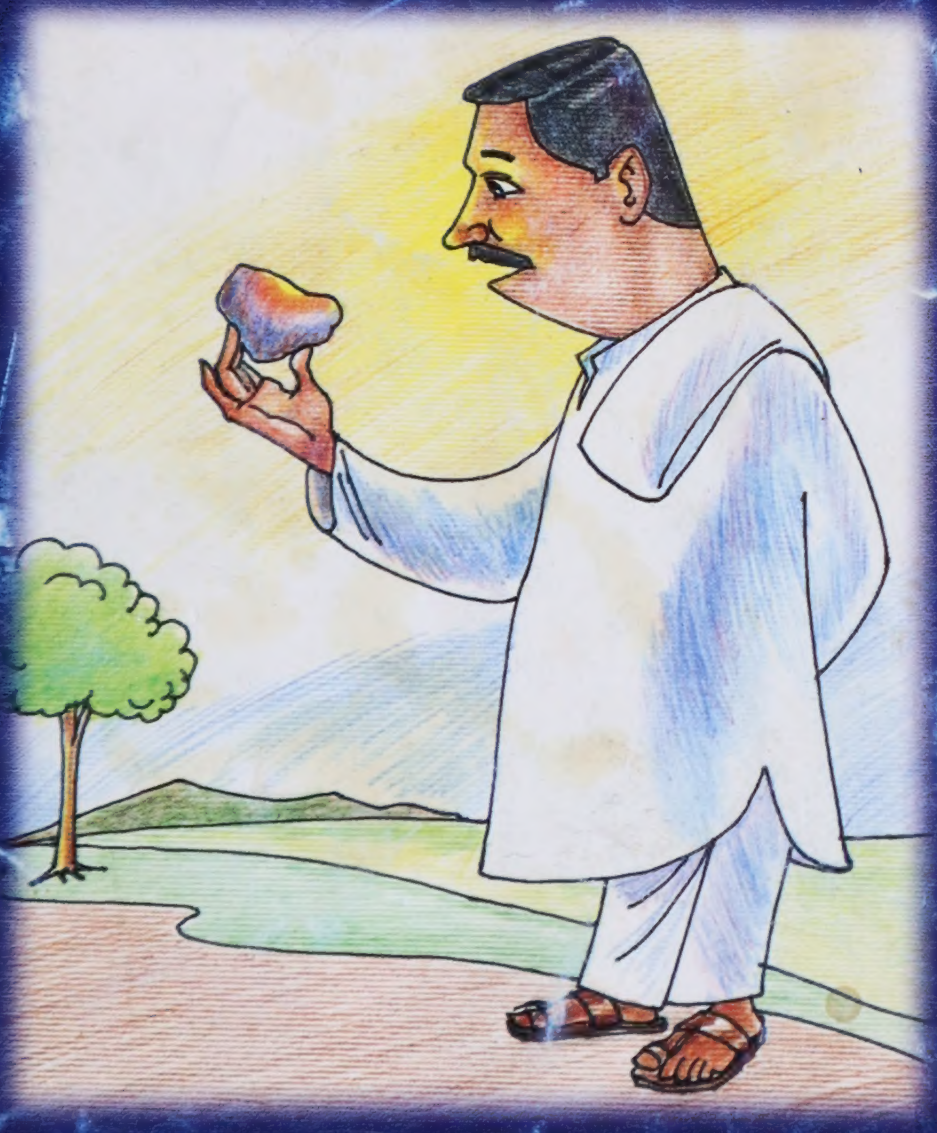
PEOPLE'S INITIATIVES IN PRIMARY HEALTH CARE

ONE Magical MORNING



BHARAT GYAN VIGYAN SAMITHI

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Foreword

The eight booklets that make this volume are part of a set of 15 mass communication booklets, prepared for the BGVS 'literacy to health' campaigns. These have been translated into various Indian languages and adapted to local situations and published and sold by the thousands. These translations are in simple language, so that the neo-literate of the literacy campaigns and the millions of women in rural areas with low literacy skills can easily read and understand them.

Eight of these 15 booklets are published in this book which is meant as a companion volume to the BGVS training manual 'Addressing Women and Child Health Needs.' This training manual is part of a five book series called 'People's Initiatives for Primary Health Care' which is meant for training science movement activists to organize community health interventions. Without these booklets translated and available in the local language it would not be possible to impart the necessary training with the manuals alone. These booklets are also useful for staging street plays and for making posters and can form the text of radio talks.

We look forward to receiving a feedback from different districts on the way they have used these books and how they can be improved and expanded on.

T. Sundararaman

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Companion Volume to
Addressing Women And Child Health Needs

PEOPLE'S INITIATIVES IN PRIMARY HEALTH CARE

WOMEN'S HEALTH AND WOMEN'S RIGHTS

Bharat Gyan Vigyan Samithi

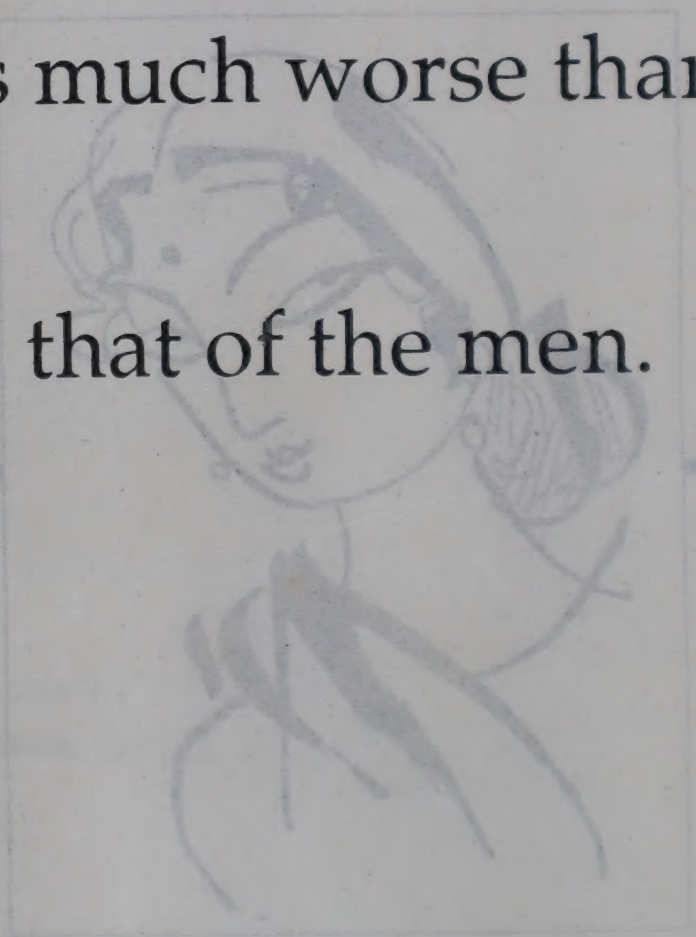
Do you Know?

The health of women

in our country

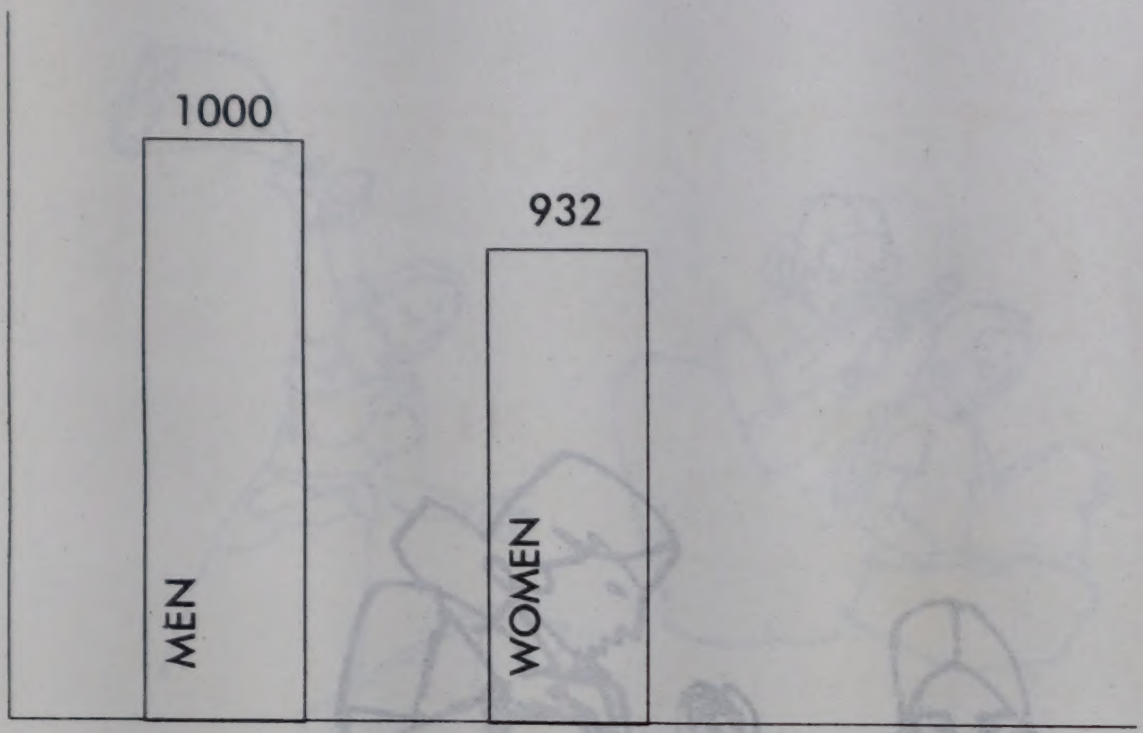
is much worse than

that of the men.



How can we say so?

In most parts of India for every thousand men alive there are only about 932 women alive.



Why is this so?

It is so largely because the women are dying more!

And many of these deaths are in girls below the age of 5! And many other deaths are during their child bearing years.

This is not so in many places of the world and even in many places in India. In Kerala and in almost all the advanced countries of the world - USA, Britain, Russia, Japan and so on - The death rates are equal and there are as many men as women alive. If anything for biological reasons there are more women alive than men.

Why are women sick more often?
Why are women dying more often?

a) Because women have less access to nutrition.

Women and even little girls eat last.
Often they have to go to bed hungry.

b) Because women are subject to chronic overwork and exhaustion.

c) Because of women's habitat - where they live and where they work.

d) Lesser access to health care.

e) Lack of education.

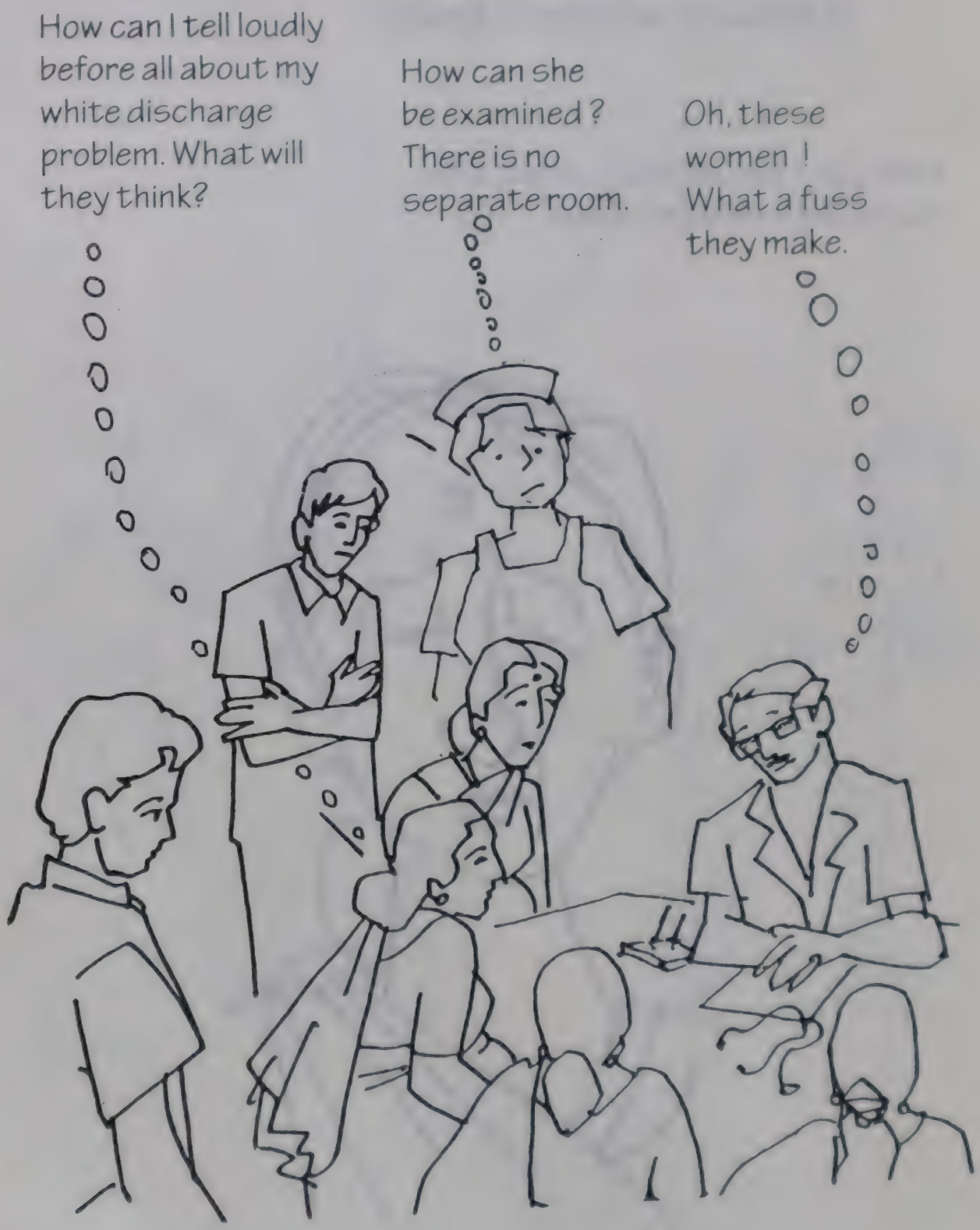
f) Cultural attitudes.

i) Shame about bodily functions e.g. menstruation, white discharge.

ii) Woman is considered a burden!

g) Lack of knowledge and awareness.

h) Lack of facilities and correct training of medical profes sionals to handle women's problems.


How can I tell loudly before all about my white discharge problem. What will they think?
How can she be examined? There is no separate room.
Oh, these women ! What a fuss they make.

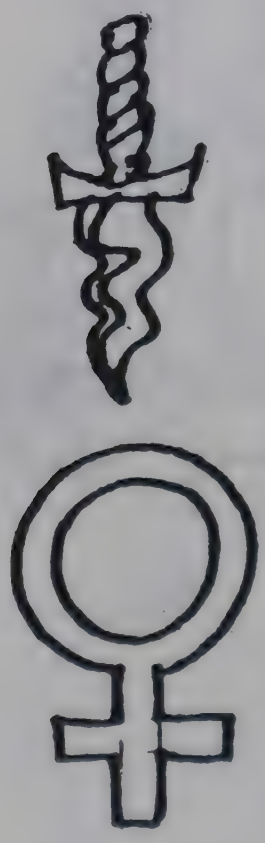
i) Misuse of medical technology.

j) Or just plain murder.

Female child found in a Dust bin.

Another case of female Infanticide in Salem...

Dead body of female child found in Panrutti



Abandoned girl child found

k) Some health administrators' narrow view of women's health.

You are all hired as health workers. You have to fulfil these targets every month. Atleast 30 sterilizations.
What about their health?
Yes, yes. If they are pregnant you must help. But you have to meet your targets.

It is true that many women die during pregnancy and maternal care needs special emphasis.

But remember

a) Woman is not only a reproductive machine. Women's health is not just pregnancy and family planning.

b) One cannot make maternity safe by maternal care alone.

To the healthy woman with adequate food and rest and education, pregnancy is a joy. She knows to choose when to be pregnant and how not to become pregnant. To the starving woman who is overworked and undercared for, pregnancy is a great danger!

Hepatitis, TB, Malaria, Pelvic diseases are all diseases that can be cured. But in pregnancy they are often fatal. In a woman whose health is already compromised by poor nutrition and care, any disease may prove the last straw!

We must ensure that pregnant women especially those with poor nutrition are given support to tide over the crisis. This means that all pregnant women must get:

- Food supplements
- Iron tablets
- Rest
- Special visits by health worker to identify high risk cases

But all these (food supplements at pregnancy, iron tablets etc.) will not be enough to save a woman

if she is already stunted in growth by malnutrition

if she is illiterate

if she is not used to attending to her health needs.

if after delivery there is not enough care.

Maternal health is inseparable from all problems of women's health at all stages of her life.

Maternal health is only a part of woman's health.

HEALTH IS REFLECTION OF THE QUALITY OF LIFE

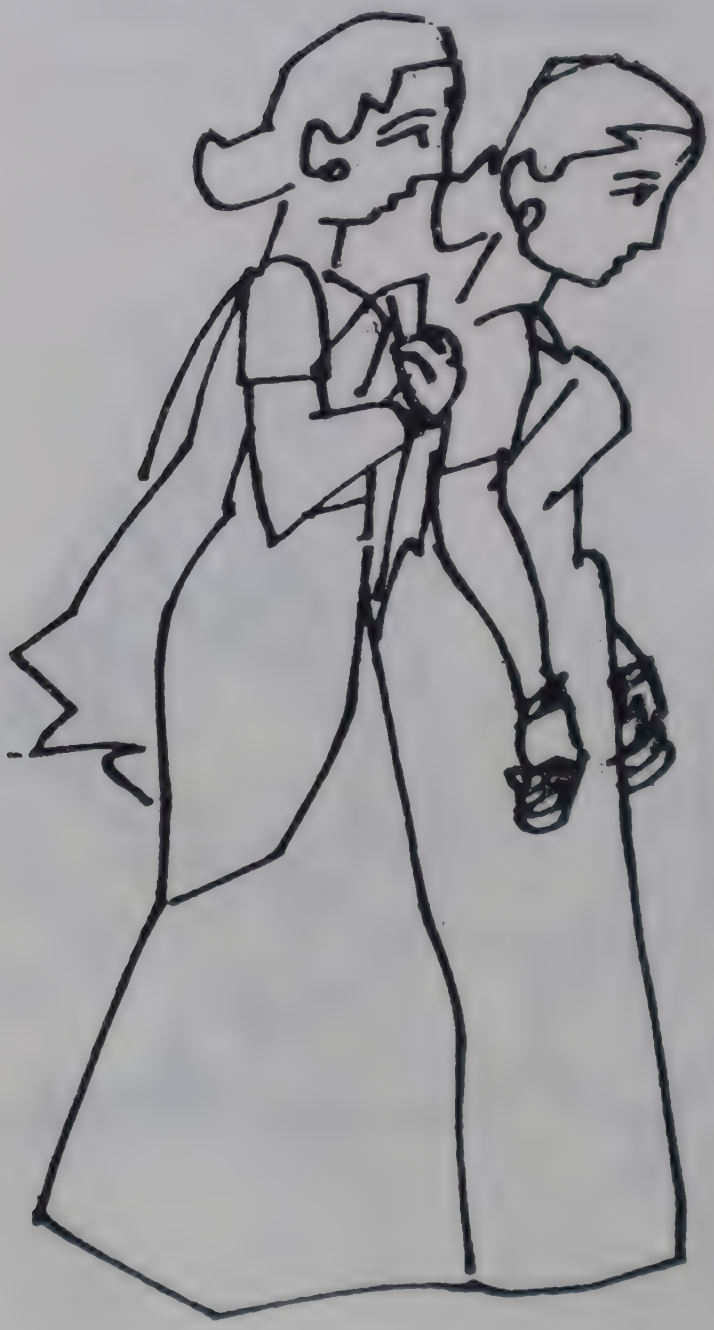
Women's health can be ensured only by ensuring Women's equality.

The right to equal food.

(Which means more food during pregnancy and during breast feeding when she is feeding two!)

The right to work and equal remuneration for the same.

- The right to equal education
- The right to equal health care
- The right to choose



For women's health to be ensured
we need a new society
a better society
where women have an equal voice
- in their homes
- in their villages & towns
- in their states.

But how to begin?
By "LEARNING"
'Knowledge is shakthi'
Women must learn

- to read and write.
- to understand their bodies and how it works.
- about what is needed to ensure women's health.
- about how to choose when to have a baby and how to ensure safe motherhood.
- about how to protect their children.
- about how to be self - reliant
- about how to build a new society.

PEOPLE'S INITIATIVES IN PRIMARY HEALTH CARE

ONE MAGICAL MORNING

Bharat Gyan Vigyan Samithi

One bright summer's day, Periyasamy of Annaipatti was going to his fields. Periyasamy was the village panchayat's president. On his way he found a stone. The stone glowed. It felt warm like the sun.

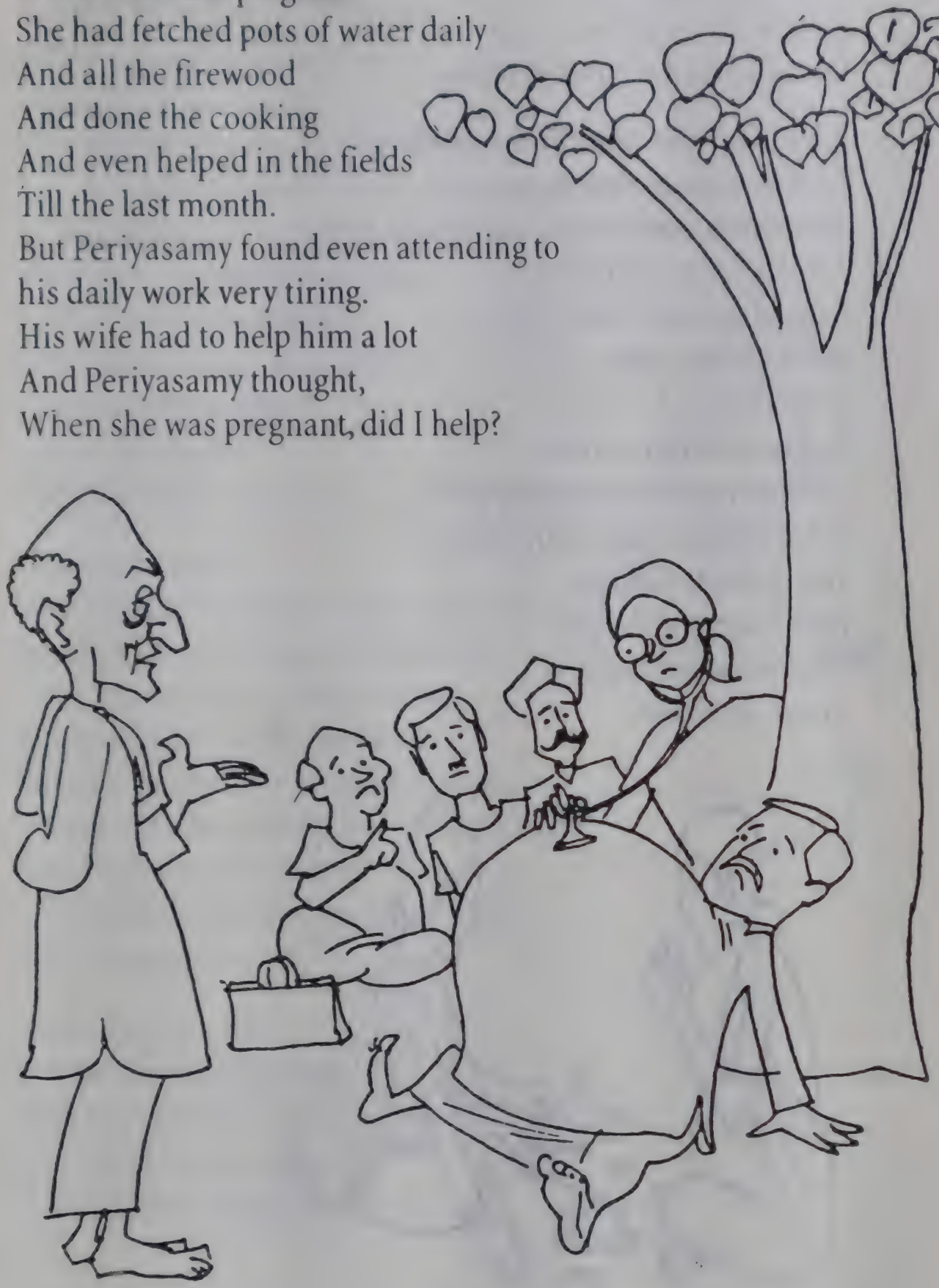
"I'm the Sun God," a soft mysterious voice said. "Make a wish."

Periyasamy had no son.
"I want a son," he said.
Soon, Periyasamy's stomach
began to grow.
"Me? Me?" spluttered Periyasamy.
"I don't want a son!"
"You don't?"
"No, No.... Men do not have babies."
The sun God laughed.

"Did not Vishnu become Mohini
to have a baby?
Now it's your turn."

The news spread like fire.
"When we had our first girl,
you made such a
big fuss" said Periyasamy,
to his wife Rani.
But soon his stomach began to grow.
He became tired easily.
And hungry.
He wondered how Rani had managed.

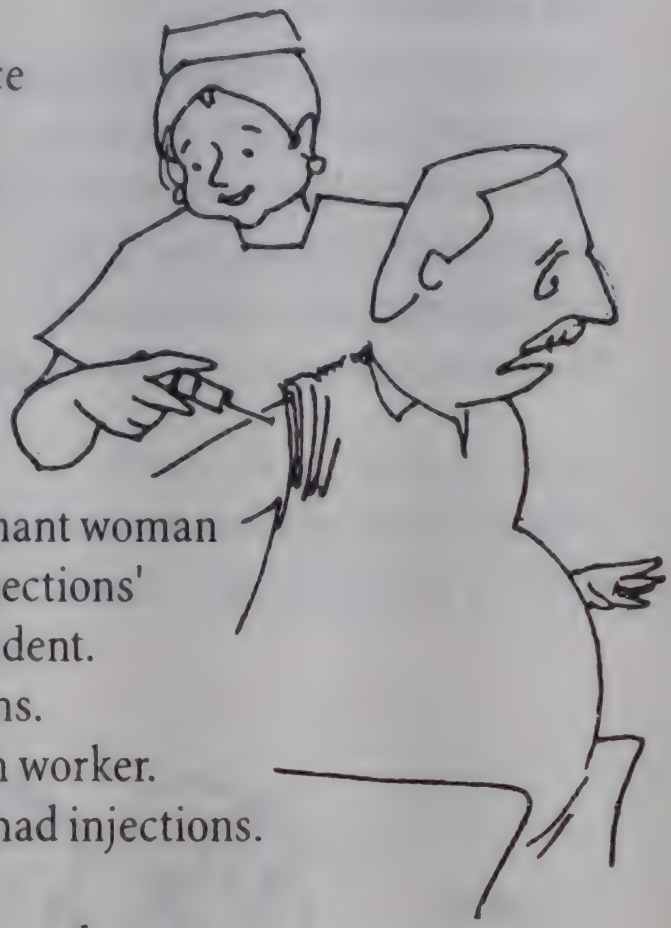
When Rani was pregnant
She had fetched pots of water daily
And all the firewood
And done the cooking
And even helped in the fields
Till the last month.
But Periyasamy found even attending to
his daily work very tiring.
His wife had to help him a lot
And Periyasamy thought,
When she was pregnant, did I help?



He felt he would die.
He was very worried.
He called a panchayat meeting.

A lot of people came to the meeting.
A lot of women also came.
The health worker and doctor also came.
An elder got up to say
'Lots of women in our area
die of child birth'
A woman said
'Lot of children also die'
After so much trouble and pain
What a shame to lose the child
and oh what sadness.
the villagers also said,
'This must not happen
to our president.'

The health worker spoke
'What is most important is that
All those pregnant must have
enough food and rest.'
Periyasamy spoke now. He said
'Let all pregnant women have some special food
An egg, a glass of milk
Dark leafy vegetables and rice
at least the government or
we ourselves must provide"
'And no fasting either!
Fast all you want
after the baby's born.



The doctor spoke
'Also ensure that every pregnant woman
Receives two anti teranus injections'
Periyasamy may be the president.
But he was afraid of injections.
But now he said to the health worker.
'Please see who all have not had injections.
And I will personally talk
to their husbands and convince them
to have injections.'

And it was decided,
that on one day every month,
all the pregnant women would come
to the panchayat hall and have
their injection from the nurse.

The doctor now added.
'One more thing.
The greatest risk is at
delivery time.
But if there is a
trained dai to assist
You will surely be fine.'
Now Periyasamy, though president
had never bothered to enquire
whether the village dais were trained.
On some discussion they found
that only two were well trained.
The other two were sent for training at once.

'I will see to it,' he declared,
'that no more children are born in Annaipatti
without a trained dai to assist.'

And so it came to pass
that in that year,
All babies that were born in Annaipatti
were alive and healthy.
And all husbands spent much time
In looking after their pregnant wives.
People all over Tamil Nadu
Heard about Annaipatti and its panchayat,
And wished greatly for a president
just like that.

At last Periyasamy's big day came
Whee... Wheee... e!
Screamed the baby!
"I'm a Mother!.. A Father!"
shouted Periyasamy, "My son"
'We.... ll' said the doctor, softly,
"It's a girl."

Periyasamy was shocked!
How dare the gods trick him.

But the panchayat members and villagers met
and decided and told Periyasamy,
"After so much trouble, it's not fair!
We'll get hold of the sun god
and ensure that this time you have a son."
Periyasamy was worried.
What if he became pregnant again?
He did not mind being a pregnant male,
But all the trouble and pain
was really too much for him.

A son? A daughter?
What does it matter? said Periyasamy
Both are the same
Even if God grants me more,
Who wants more?
What is it that a girl cannot do
that a boy can do
I'll educate my girl
And see to it
That she's lesser to none.

Rani was happy.
Oh very happy.
But they were not sure
whether all their relations and elders
would continue to insist.
And who knows when they would
change their mind.

So Periyasamy called the panchayat
meeting and declared.
(For now he understood it all)
Listen everybody and listen carefully
It's our job to see
That no mother has to bear
More children than three.
It's also our job to see
(For we are the elected panchayat)
That her two children
Grow up healthy and alive.
Of this if they are sure
No mother will have
Any more than one or two!

For Discussion

- Males do not become pregnant. But they too have responsibilities if their wives are pregnant. What are they?
- The panchayat or Village has a responsibility to pregnant women. How far is this carried out in your area? What facilities are provided by the Government?
- What can be done to improve the facilities for women in your Panchayat/ Tehsil...?
- What are the factors that lie behind the preference for a male child? Why did Periyasamy change his preference?

PEOPLE'S INITIATIVES IN PRIMARY HEALTH CARE

PREPARING FOR THE NEW ARRIVAL

Bharat Gyan Vigyan Samithi

There is great happiness in Padma's house. Padma is 21 years old and married for one year now. Her mother-in-law says that she must be pregnant. Her husband says to her, "Let us meet the health worker today."

How does Padma's family know?
For one, it is 15 days now past the usual time for her periods. Absence of menstrual cycle is one indicator.
Padma has nausea and a little vomiting especially in the morning. This is another sign of pregnancy.
Some pregnant women do not develop vomiting.

By testing her urine for some changes, a trained person can make out whether she is pregnant or not. This test costs money. So one may also wait. By the 18th week, if there is still no periods - and if the mother feels the child move, one can be certain. By now the breasts are becoming larger, and by the fourth month the mother's belly begins to bulge!

How long does a normal pregnancy last? A normal pregnancy lasts for 9 months and seven days. You count the days from the last menstrual period. By the lunar calendar it is 10 months! Put it another way it is about 280 days (It is not exactly 280 days. It can be more or less).

In these nine months the child in the womb is formed and it grows gradually. The mother's blood passes nutrition and air to the child's blood. This exchange takes place in the placenta. The umbilical cord connects the placenta to the child. It brings the nutrition and oxygen to the child and removes wastes and carbon dioxide.

The child is surrounded by fluid which protects it from shock. It survives in this fluid. From the 16th week, its movements are felt.

For the mother's body to do all this for a child, she must be healthy, The single most important part of being healthy is **good nutrition.** What every pregnant woman and her family must know about nutrition.

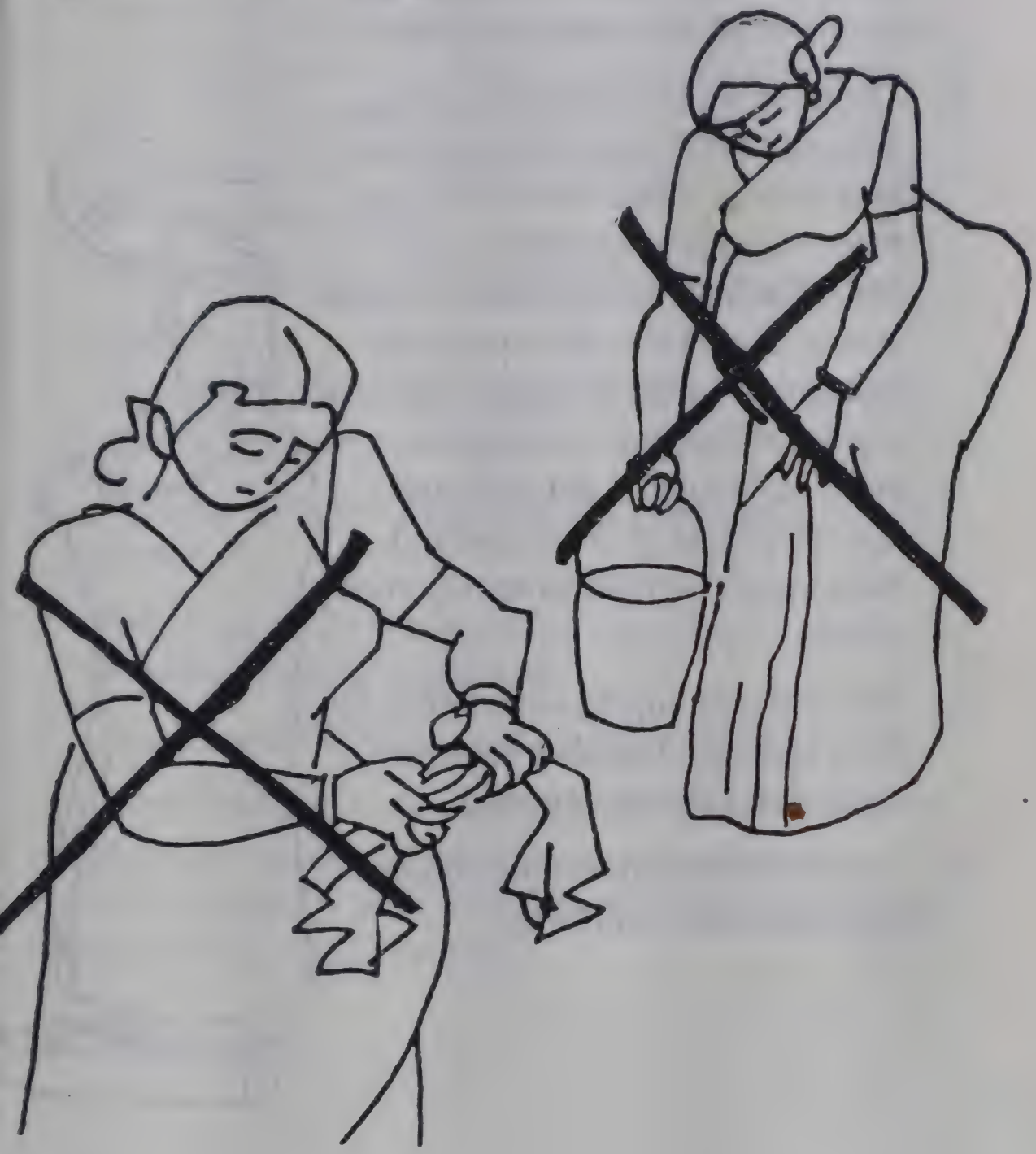
a. The family must ensure that she has extra food every day. She has to eat both for herself and for her child.
b. She should have a variety of best foods. Milk, green vegetables, meat, fish, eggs, pulses, grains are all specially needed. Green leafy vegetables and fruits too are essential. None of these foods need to be avoided on any health grounds.

c. Every pregnant woman must gain weight before the baby is born. If possible, weigh the pregnant mother on her first visit and keep a weight record subsequently. If the weight gain is too much or too little consult the doctor!

d. Most pregnant woman in India are anaemic. They must take iron supplements. Iron tablets are available free of cost in government health centres and at very cheap rates in private pharmacies also!

Exercise and Rest

Pregnant women should not exert too much. No lifting heavy weights. Nor severe straining. She needs rest, she also needs light exercise like walking.



The health worker (ANM) visit!

a. The ANM is the main person responsible for provision of care in pregnancy. The first thing she does is to register the case. Do let the ANM know if any woman in your locality is pregnant.

b. The ANM is also essential for giving two anti tetanus injections to all pregnant women. There must be at least a month's gap between the two injections. The first injection must be given as soon as we know she is pregnant. Remember unless the second injection is given at least one month before delivery, the child is not protected against tetanus. In the second and subsequent pregnancies one injection will do.

c. The ANM also supplies iron tablets for those anaemic. This they must take regularly for the entire period.

d. The ANM instructs on nutrition and preparation for child birth.

The health worker is essential for identifying any problem that needs medical attention at an early stage. How does she go about it? Every pregnant woman is checked at least thrice. She is checked for:

a. Whether the child is growing properly. This she does by checking the mother's weight. If the weight gain in the 9th month is less than 6 kg. the child's growth is inadequate. More than 10 kg. is also not a good sign. Means water is accumulating.,

b. She then checks blood pressure. If high, treatment is needed.

c. And urine is checked by boiling. If white forms on boiling then it is not a good sign.

d. Checking the baby's position is also important in the 9th month.

e. And of course the skin is pricked and a drop of blood should be checked for anaemia.

f. Unusual swelling of legs, arms or face is also looked for.

If any of these tests show abnormalities the woman would be advised rest and some treatment needs to be started by the doctor. Such women are advised to ensure that delivery takes place in a hospital.

There are other **warning signs of a difficult child birth.** They are

1. Less than 18 years age.
2. More than 35 years old.
3. Less than 2 years after previous child.
4. More than 4 children.
5. Less than 38 kilograms before pregnancy
6. Less than 146 cm height
7. Previous still birth or miscarriage or an abortion.
8. Previous premature birth of baby or baby weighed less than 2 kilograms.
9. Previous birth was difficult or baby was delivered by operation

If any of these are there then too the delivery is better conducted in a hospital.

Danger signs before child-birth:

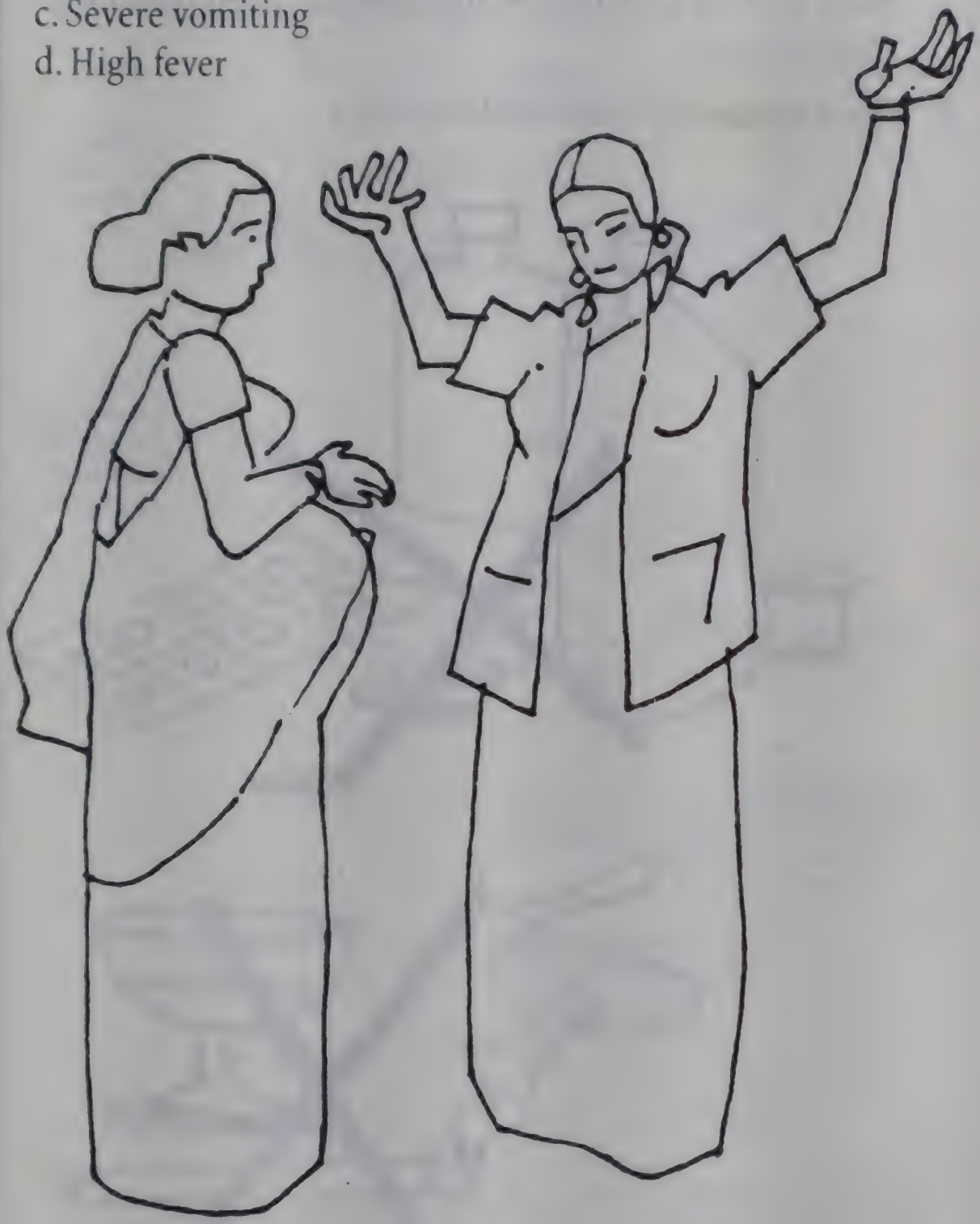
If a woman has these signs seek medical help at once. Ensure that delivery is conducted in a hospital. All these signs indicate greater risk for mother or child. Rush to a doctor at once.

a. Bleeding from the vagina

b. Severe headache (sign of high blood pressure)

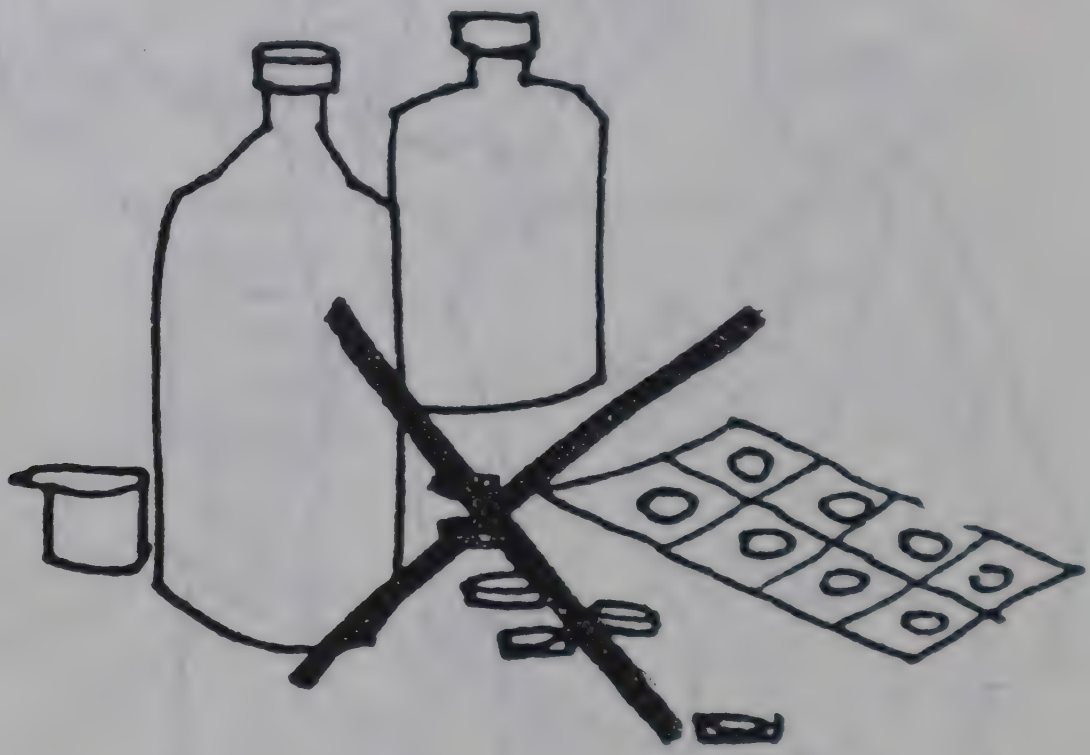
c. Severe vomiting

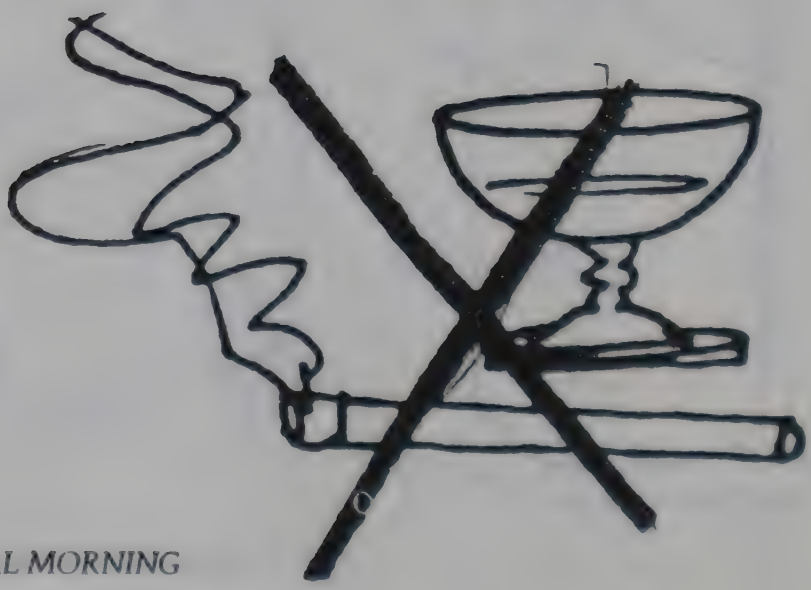
d. High fever



Some special don'ts for pregnant woman:

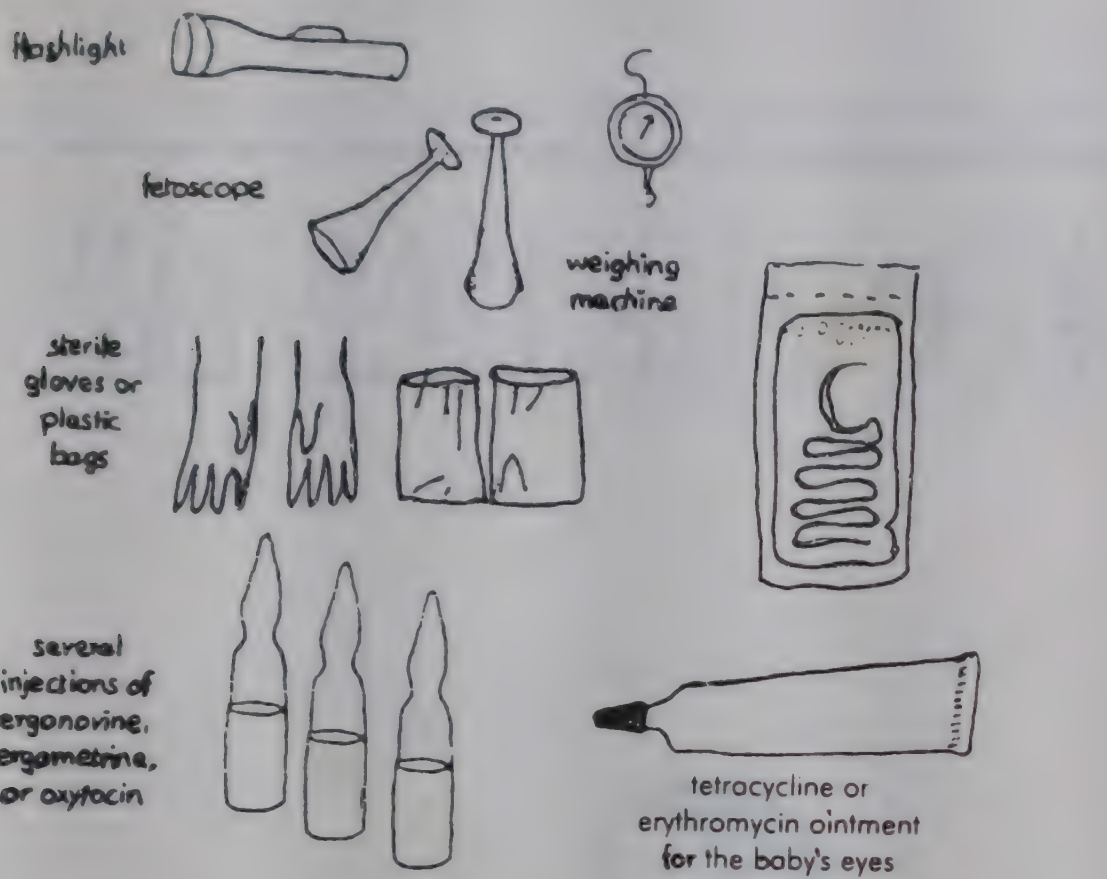
1. Be careful about taking any medicine. Especially in the first 3 months. One must avoid almost all medicines. They can harm your baby.
2. Take special care to avoid getting Jaundice (Use only boiled water to drink) and disease like measles (Keep away from sick children).
3. Smoking and alcohol must be avoided.





Preparing for Labour and child birth:

A pregnant woman should have these things ready by the seventh month of pregnancy.


flashlight
fetoscope
weighing machine
sterile gloves or plastic bags
several injections of ergonovine, ergometrine, or oxytocin
tetracycline or erythromycin ointment for the baby's eyes
blunt-tipped scissors for cutting the cord before the baby is born all the way
sterile syringe and needles
sterile needle and gut thread for sewing tears in the birth opening
suction bulb for sucking mucus2 out of the baby's nose and mouth

PEOPLE'S INITIATIVES IN PRIMARY HEALTH CARE

WE CAN CHOOSE

Bharat Gyan Vigyan Samithi

Having a baby is a wonderful feeling, when one is looking forward to having one. The kicking of the baby in the womb, the birth and the first cry, the whole miracle of growing up into such a big adult - all are such marvels of nature. Such delight.

But if one is not quite ready for it. Or one does not want it - it could be a source of great misery. But now we can choose.

We can choose when to have children and how many to have. Family planning gives women this power. Family planning is having the number of children you want when you want them.

When the human seed is six days old it is no bigger than a grain of rice. A human seed grows in the warmth of the mother's womb. When the seed is 3 weeks old it needs more air, water and food. Now the umbilical cord forms, which becomes a passage for these to go from the mother's body to the baby's. The place where the cord is attached to the inside of the mother's womb is the placenta. The mother must have enough food and water to feed two. She must eat more and do less work. She must feel secure and comfortable. Then the baby can grow safely, surrounded by a bag of water where the body swims.

After 40 weeks the child is born. The mother's breasts are now ready to feed it. And the whole family must be ready to support her and to help look after this totally helpless, demanding, lovable child - now in their midst.

But is everyone ready for the baby?

Shanthi has been recently married. She is only twenty-three. She has to finish her college studies and this will take two more years.

And she wants to know her husband better, spend more time with him. She wants a baby very much. But not now. Later, when she and her husband are ready. Right now when she herself wants to grow a bit more; she would like to postpone having a baby.

Rukkumani too is recently married. She is eighteen years of age. She finds herself lost in her husband's place. There is so much work for her to do in the fields and in the house. Her in-laws like her and keep wanting her to have a child at once. Her husband loves her but she is too shy to talk about such things to him and he never even asks her when he comes to her. But she needs time to adjust to her new life and this new family. The health worker says she can wait longer. Inside her she also feels, "I want a baby, but please god, not now. Let it be one or two years later I'm not ready. I cannot cope now."

Saroja has a six month old baby. How demanding she is, and tiring too. At night, when her husband comes to her she becomes almost faint with anxiety. What it she becomes pregnant again? But her husband becomes impatient. Sometimes he is rude and hurtful to her. What is she to do?

All these women want babies. But are not ready for it not. They have two inter-linked problems. One is what to use to delay their baby. And the other is how to get their husbands and families to agree to such a decision.

How does Shanthi manage? She talks it over with her husband. Her husband readily agrees. They decide to use condoms from the drug store. After use he ties it up into a knot so that it does not become messy and slips it into a cover and then at his convenience chucks it into a dustbin or in the waste ground. Except for the small embarrassment in buying it in the store and sometimes in disposing it, he has no other problems. Initially she was worried that it would not be as pleasurable for him. But soon, the very fact that she was safe from becoming pregnant made her so happy and helpful that he was sure that it actually was much better this way.

Sometimes they do not have a condom ready in which case they play safe and avoid the sort of sex that can make her pregnant.

It turns out to be a good decision for they are able to spend a lot of time together. They become very close and even find time to travel to some relatives and tourist places. Finally three years later when they decided to go in for a child they had saved up some money, his job was secure, and both could give the best for their baby.

Shanthi's friend Rani who got married to a friend of her own choice at about the same time, became pregnant the very first month. She became moody as many pregnant women do, and the husband resented her avoiding him. Any way she soon had to go back to her mother's house for the delivery and after that they had little time for each other as the baby was so demanding. Quietly Rani resents him and would avoid sex if she can. And equally quietly, her husband regrets that marriage has not turned out as satisfactory as he had expected. Shanthi asked her why she had not delayed the first child. After all she could have talked to her husband with whom she had been friendly even before her marriage. Rani replied that they had just not thought about it. She had planned to take some measures, but how could she open up such a topic in the first month itself?

"First month?" Scoffed Shanthi. "You either decide by the first night itself, or else it is all over. Now at least take care your second child is pushed back for five or six years."

Rukkumani cannot manage as easily. Her in-laws are so friendly, unlike what she had feared that she does not want to antagonize them. And there is no stopping her husband. If she avoids his advance he his sure to sulk like a child and get angry over trifles. He has not exactly hit her but who knows when that would start. And in this new place whom can she turn to, him or her in-laws? They would resent that. Perhaps she feels that for all these reasons it is better to quietly submit to her fate.

When she hints of this to the health worker, she says "Let me talk to your husband. Tell him that I called him to talk about a problem regarding your health."

At the clinic the health worker talks to the doctor and they tell the husband that Rukkumani should wait two years before she becomes pregnant. She should take iron tablets to cure her anemia as well as Mala-D pills - at least for six months. This would delay pregnancy for a few months after which she would be alright. He agrees. Alone, the health worker warns her that she might get some morning sickness or swelling of the breasts initially with the pills but it would settle down on its own in a couple of months.

And yes she should not forget to take the pills.

The health worker also tells Rukkumani "Listen we have convinced him for six months. Now it is upto you to talk to him and convince him for more time. Choose a time when both are alone and feeling nice and close together to broach the topic. Tell him that you would not like to go off to the mother's house and he too would not want it. Tell him that it is better for your health and much better for the child also if she is a bit older. Tell him that you are able to love him better if she can continue like this. And yes, it is up to him to convince his parents. It should be seen as his decision or theirs jointly- not as hers alone! But when all is said and done it is your decision. You can put your foot down on this decision and try to please him and the others in other ways. Think about it. You are an intelligent girl. There are other ways to please them and make up.

Saroja's child is only six months old. She still feels too weak. Her body needs time to recover. Besides the child needs all her care. And her breast milk. If there is another child now, both children will not get enough attention. And the second child its likely to have a low birth weight and therefore more likely to fall sick. Indeed she has read that "the risk of death for young children is increased by about 50% if the space between births is less than two years."

If her husband cooperates she could have used a condom. That would be the best. But maybe he would agree once or twice but she would find it difficult to repeatedly insist on it each time. The health worker suggested that her mother talk to her husband and agree to send her to her husband's house only if he agreed to take precautions. According to her this had worked in many families. Keeping them separate or saying no sex is no solution. It could create more problems between them. She could not take Mala-D as the nurse told her that it would interfere with her breast feeding. She did not want that. She decided to go in for an IUD at her mother's place and then go to her husband's house and later convince him of its need. Given a choice between the IUD and staying separate she thought she could persuade him. And that is indeed what happened.

Saroja's friend says that perhaps she should not put the IUD, especially if the husband's family does not agree. She says that if Saroja gets pregnant she could opt for cleaning it out, that is have an abortion.

Before deciding, Saroja must know three things about an abortion. Firstly, never have an abortion unless it is done by a qualified doctor trained for this. Never use Kuchi (stick) or tablets to cause abortion. These are dangerous and the mother's health is always affected seriously. Very often, the mother dies.

Secondly, if an abortion is to be done, do it early. Abortion in the first three months is relatively safe. In the next three months it can be done but the risks are more. After 28 weeks abortion is never to be done.

Thirdly, use abortion only if it is a must. Even the best done operation has its risks for the mother's health. Do not use it as a spacing method. Better to have the second child and then a sterilisation operation. Remember that many women find abortion psychologically unacceptable and are racked by guilt. Other women find it acceptable.

Having a child would have been more unacceptable. So let the woman decide. Let us tell Saroja's friends.

a. Better to prevent pregnancies than opt for abortion.

b. If an abortion becomes necessary go to a qualified doctor only.

To Shanthi, to Rukkumani, to Saroja, knowledge of how their body works and how they can control it gives them strength and freedom. Overcoming their shyness and cultural traditions and talking to husband and others about these things has given their life a new meaning and made it so much happier for themselves and for their families.

Many of our sisters are illiterate. They do not know to control their bodies. How to choose? Their husbands decide. Their in-laws decide; Fate decides. But she, the woman, the mother, does not decide. Yet it is her body. Her labour and her pain. Her work. Must she not then be the most important person to decide?

Given in the next few pages are some more information that will help a couple to decide.

The condom:

Nirodh is the most common variety.

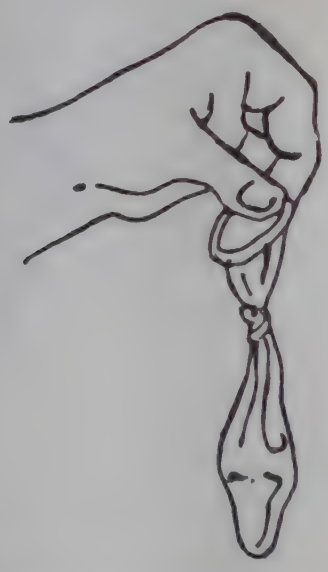
It costs only 50 paise for three

And it is available in almost all villages. And in all medicine shops.

How to use it: Tear open the packet. Take out the rolled up condom. Hold it by its teat between thumb and forefinger, thus squeezing out the air.

Place it like that over the erect penis and roll it open and on the penis. After sexual intercourse this is taken off and disposed. Use a fresh one each time. Do not re-use.

It is totally safe and has no side effects at all. It also helps prevent venereal diseases from spreading. It is especially good to prevent AIDS. It is easy to use. Its main disadvantage is that it needs a high degree of motivation in the male. The male must be fully concerned and interested enough in the decision to implement this measure every time without a single slip. If such motivation is not there then it is better for the woman to consider other alternatives.



The IUD

It is also known as Copper-T.

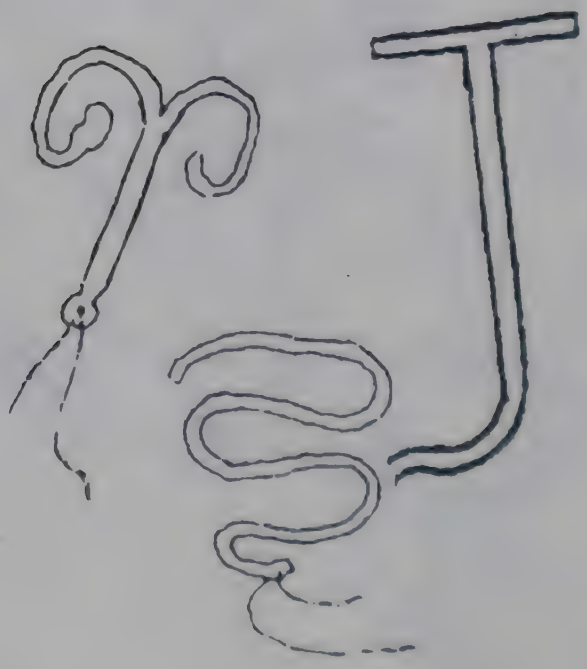
It is a small metal and plastic object that is placed inside the uterus by a nurse or doctor. When it is in place it prevents pregnancy.

Sometimes it falls out. Therefore after every menstrual period, women must check if the IUD is still in place.

In some women it causes pain, discomfort and sometimes serious problems. These women must stop using it and may change to another method. For others it works fine.

It must never be used in a woman who has extensive white discharge or pain in that area for it may worsen it.

Its greatest use is for women who have had one child, to delay their second child for 2 to 3 years. This method is cheaper and for most women who develop no problems, it is easier to manage. If the male is not cooperative about using condoms and if her breast feeding is affected by the pill, this may be her only choice!



The Contraceptive Pill:

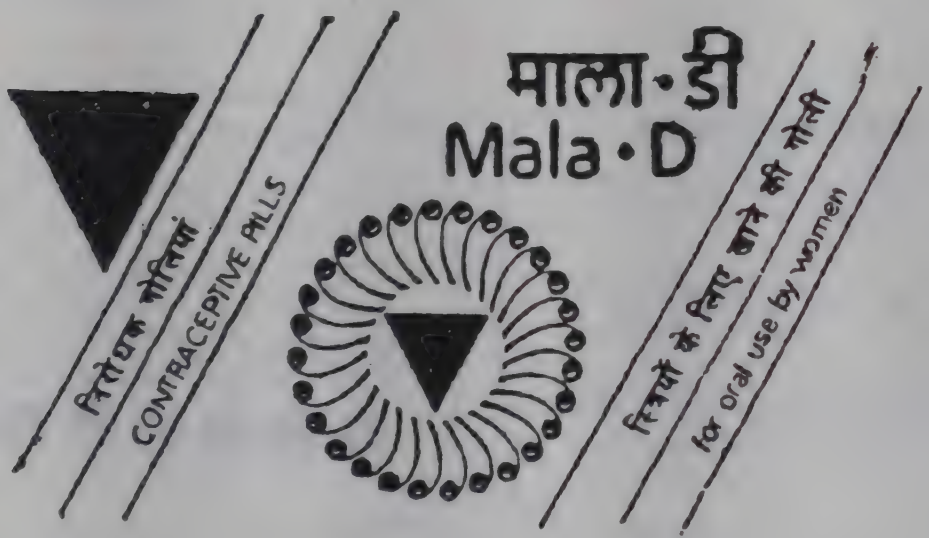
Mala-D is the most common one. And the cheapest. Only Rs. 2.00 for a packet.

This can be taken from health workers, local health centres or from drug stores.

This usually comes in a packet of 28 pills.

Take the first pill on the fifth day of the period. Take 1 a day. Seven of the pills will probably be of a different size and colour. Take these pills last (one a day) after the others have been taken. The day after you finish the packet of 28, start another packet. Take 1 a day without ever missing a day, packet after packet for as long as you do not want to become pregnant.

Side Effects: Some women get a little swelling of breasts and morning sickness in the beginning. After two to three months it becomes alright.



Some women may bleed more or less during their period. If the change is not much it does not matter. Rarely, they can develop serious clots that damage the brain or heart. But this problem is much more if a woman becomes pregnant!

However to be safe, all woman taking the pill should

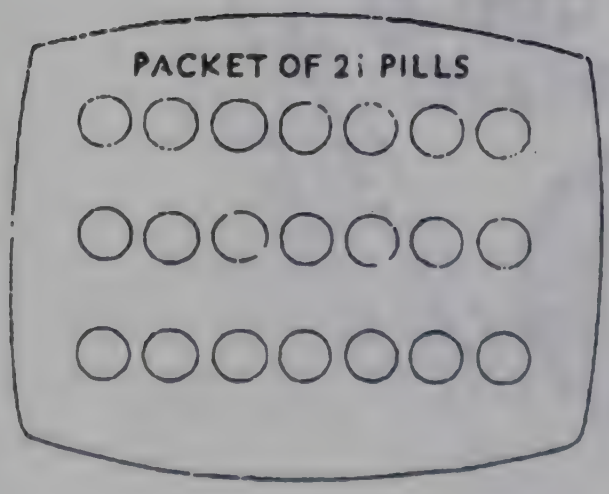
a. examine their own breasts themselves every month for lumps.

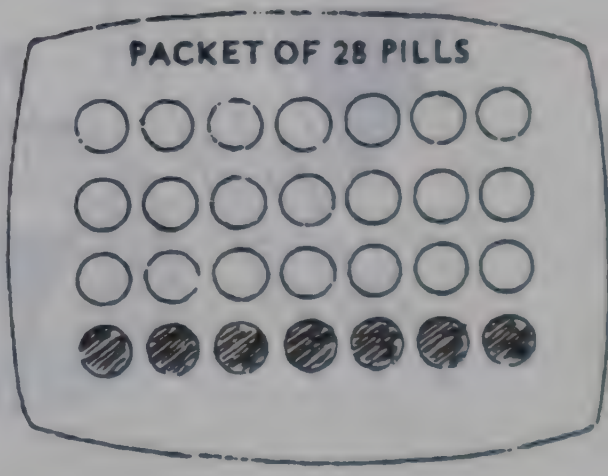
b. have a medical check up, at least every 6 months which includes checking BP.

c. watch out for headaches or pain in the leg with swelling or pain in chest.

Women with any persistent pain anywhere or any serious disease should check with a doctor before they start taking this drug.

Women who are breastfeeding their babies should not take birth control pills, atleast for the first 6 months.





Sterilisation:

This is only for those who have decided to have no more children. For such persons there are safe, simple operations which are free also. The operation is much easier and simpler for a male. A small cut about 1 cm long in each groin is enough to do this operation. It has no ill effect on man's strength or sexual ability or pleasure. His fluid comes out just the same but has no sperm in it. This is therefore the ideal thing to do.

There is also a simple operation for women. A small cut is made on each side in the lower belly and then the tubes coming from the ovaries are cut and tied. The operation has no effect on any of the women's abilities. Indeed since she no longer fears becoming pregnant, her life may improve.

Which Method to Choose:

There is not one best method. The choices vary for each, depending on the circumstances. It is best to discuss this with a health worker or a doctor or even some friend who has adequate knowledge and experience. But the choice must be yours and your husband's.

Especially yours.

Emergency pills:

This is a way to avoid pregnancy if for some reason one has had unprotected sex. This has unpleasant side effects and should not be used as a regular contraception. But occasionally if a couple using the condom failed to use it or some other such failure at contraception one may use this. Also after a rape or forced sex of any sort, this may be resorted to.

This is effective only if it is used within a short time after sex - usually within 24 hours. Or even better within 12 hours. But after 3 day (72 hours) it will not work.

Take a first dose of 4 Mala-D (or other oral pills.) Take all four at the same time. Then take 4 more tablets, 12 hours after the first dose. If you vomit within three hours of taking the pills you should take it again. These pills give unpleasant headache and in some it causes nausea and vomiting. You should also ensure that she does not become pregnant again in that cycle - that is till the next menstrual bleeding.

Insertion of an IUD within 5 days of having unprotected sex may also protect from pregnancy. There are a number of other acceptable ways of family planning. Since these other ways are not yet universally available we do not discuss them. Yet for an educated person, especially one who is urban based and who can access these options, these options may be relevant. One should consult one's doctor for advice on these.

PEOPLE'S INITIATIVES IN PRIMARY HEALTH CARE

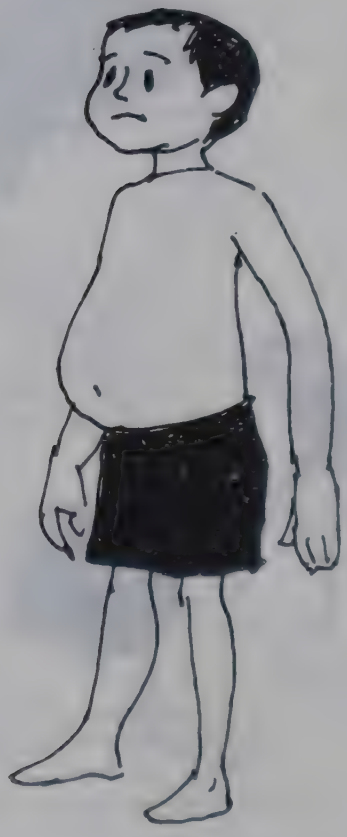
CHILD NUTRITION

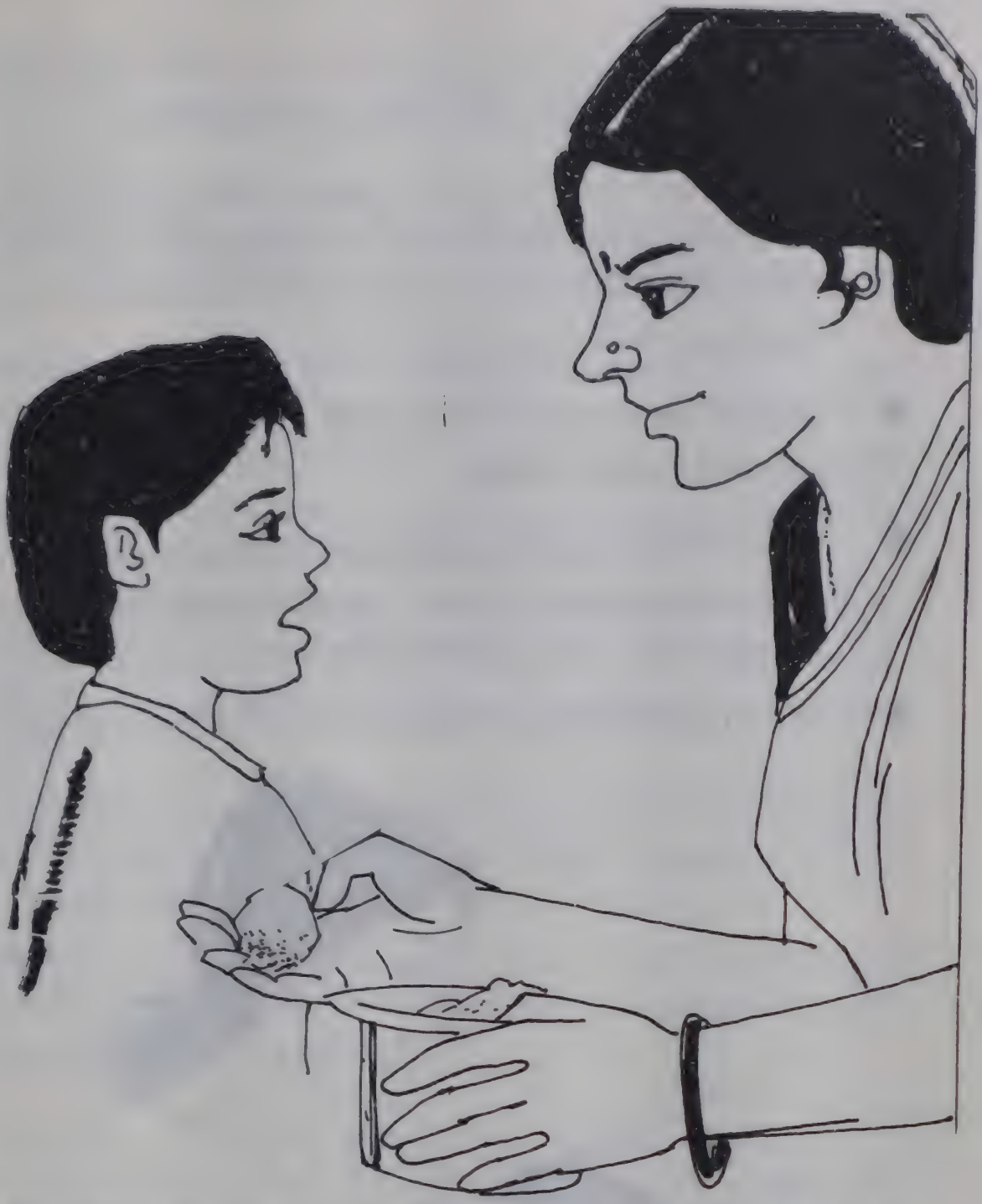
Bharat Gyan Vigyan Samithi

The single most important need of the child is adequate nutrition!

Malnourished children get diseases like diarrhoea, TB, measles, etc., much more commonly than well-nourished children. A malnourished child is much more likely to die from these, than a well-nourished child.

Without adequate nutrition children cannot grow well. They remain stunted. They cannot learn well. They cannot play. What a shame! Should we allow a single child to go hungry? Never, Yet, lakhs of children are malnourished and dying. What is the main reason? Poverty, Parents are not able to afford food for their children!





There is another factor also. Lack of adequate knowledge. Many parents do not know the best way to use the limited money they have!

Did you know? A child 1 year old, weighs only one-fifth of her mother - but needs half the amount of calories her mother needs!

This book tells us seven major facts about child nutrition.

Breast Milk

For the first 4-6 months - Give Breast-milk alone.

- Breast-milk alone is the best possible food and drink for a baby in the first four to six months. It is the best food a child will ever have. It is superior to all other foods and milk powders
- Even in hot climates, breast-milk has adequate water for all the child's needs.
- Breast-milk protects against diarrhoeas, coughs and colds and common illness. Protection is greatest if breast-milk alone is given to the baby.
- Start breast feeding within an hour of delivery of baby.

Remember: The first milk (Colostrum) is thick and yellowish and very good to prevent infections. It must always be given to the baby.

Even if the child is sick or the mother becomes pregnant, again upto 1 year or if possible 2 years, child can continue to get breast milk.

Almost all mother's have enough breastmilk. Let the child suck as often as he or she wants. The more it tries the more milk is produced. If other foods or milk is given, assuming that the mother's milk is not adequate, then the child sucks the breast less and less milk is then produced.

Remember: Bottle feeding is dangerous to the health of the child! And costlier too! If the child cannot suck, then squeeze milk from breast into a sterilized cup and give it with a clean spoon!

Remember: A mother breast-feeding her child needs support of family and friends, health workers and women's organizations, especially when they start breast-feeding.

Remember: If breast-feeding is painful or breasts are engorged, consult a health worker or doctor. Do not stop breast-feeding. It is usually a minor problem.

Weaning:

At the age of four to six months, the child needs other foods in addition to breast-milk.

But continue breast-feeding

- Give breast-milk before giving other foods

What to give?

- Boiled, peeled and mashed vegetables.
- Gruel or porridge of rice or dal.
- Soft idlis or khichri or rice-dal mixtures.
- Egg yellow.

Frequent Feeding

A child under 3 years of age requires food five or six times a day.

Its stomach is small. In body size, it is one fourth or even less than that of an adult. But in food its needs are half as much...!

Of course, one cannot cook five times a day!

Nor can one leave child's food standing for hours after cooking. Germs may grow in it. Better to give freshly cooked food.

So to manage, in between meals, give a banana or coconut or groundnuts or biscuits and milk or a ball of nutritious mix etc.

Fats and oils:

Add a small amount of fat or oil to a child's food. Why? Because its stomach is small and needs are great. One spoon oil has as much energy as half a cup of rice.

Butter, ghee, vegetables oil, groundnut oil or even a few crushed groundnuts - all provide fats and oils.

More greens and yellows

Children need vitamin A and other vitamins too and a number of minerals like iron and calcium. They can get these from vegetables and fruits.

Which Vegetables?

Dark Green leafy vegetables: palak (keerai), drumstick, orange or red fruits and vegetables. carrot, beetroot, papaya, mango, chikkoo.

Remember the greener, the redder the better. The darker the colour the better.

Gur (Jaggery) is more healthy than sugar. It has more iron and calcium.

Feeding in illness

After an illness the child needs extra meals to catch up on growth lost during the illness.

Illnesses are inevitable. But remember to use your best talents to get the child to continue eating and drinking water during the illness. After the illness, give more food to the child for a week or two.

Affection and stimulation

Talking to, playing and showing love are essential for a child's physical, mental and emotional growth.

Food and shelter is not enough.

A child needs attachment and stimulation.

Every child needs to give and receive attention.

Children need to be bathed in words, cuddled, smiled to, listened, encouraged. To interact with people, smile at them, see them respond. Lack of attention affects growth.

Children need to play. Play is not pointless. Children learn by doing. Play develops mental, social and physical skills. Play must be encouraged. We need also to develop their creativity - by play, by testing their curiosity, by songs, by rhymes, by drawing pictures and telling stories.

Above all we must ensure that they receive praise and recognition for their efforts.

Monitoring weight

Since every child falls ill and since almost every child could do with more of her mother's time, how are we to know when the point has been reached where growth of the child is affected. This makes it necessary to monitor the growth of the child. The best way to do this is by taking the weight of the child and comparing the weight with what should be the minimum that the child ought to have. There is a weighing machine and a chart in every anganwadi that allows one to do so.

If the child is less than 50 percent of the minimum weight, we call it grade 4 malnutrition. Such a child is in imminent danger of dying. One needs to go to a doctor at once and saving the child is a big task.

If the child is between 50 to 60 percent of its expected weight such a child is in grade III and this child is likely to worsen further and die. However active attempts to save the child including visiting a doctor but primarily improving its diet would save it. A child in grade II is a sick child and one in grade I is like one with a minor illness. Both require extra care and attention or else they would worsen. Of course the best is if the child is normal and never allowed to slip into malnutrition in the first place.

PEOPLE'S INITIATIVES IN PRIMARY HEALTH CARE

THE PREVENTION AND MANAGEMENT OF DIARRHOEA

Bharat Gyan Vigyan Samithi

Scene: A group of villagers sitting. A health activist Viji is talking to them.

Kamala: Viji, my child gets diarrhoea often. My neighbour's child died of it. I am worried. What must I do?

Raman: Perhaps someone has cast an evil eye on it.

Naresh: What nonsense, there is no such thing. Maybe it has new teeth emerging.

Kamala: My mother says it's the local bad spirit. We must go quickly to the priest and tie a sacred amulet around its arms.

Shanthi: But ask Viji here! She has gone to town to be trained on such things. Viji, is diarrhoea due to eating too much sweets, or new teeth emerging? Or is it the heat? Every summer we get diarrhoea.

Viji: Well, neither spirits nor the evil eye explain diarrhoea. Heat and things like eating sweets are not direct causes of diarrhoea. Diarrhoea is caused by a number of tiny organisms that exist in the water we drink or food we eat. There are many such organisms, all of which can be seen only under a microscope. Most of them are not harmful. Now, if the stools with these germs in them get into our food or water - then and only then, do we get diarrhoea.

Food left overnight or not properly cooked may also have tiny organisms that cause diarrhoea. Only some of them cause disease. Now a person with diarrhoea passes watery stools, that have many such organisms!

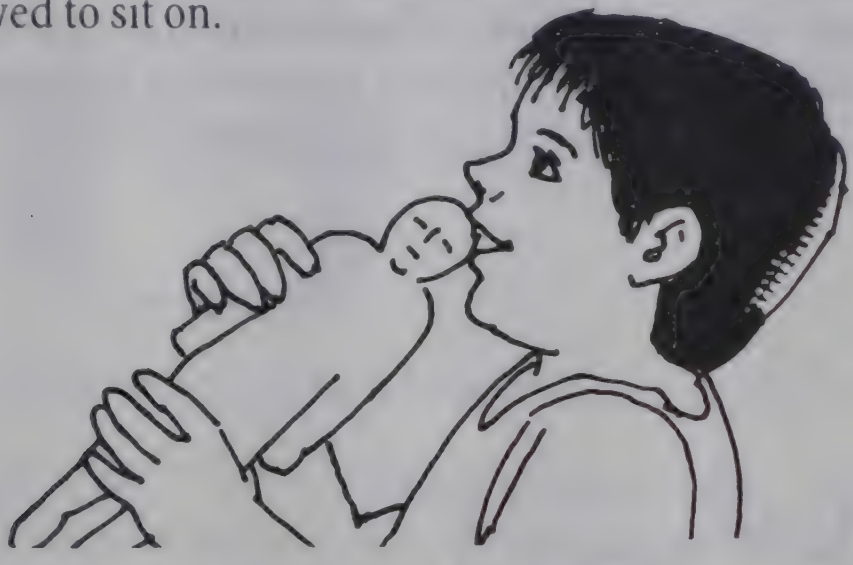
Kamala: But how can infected stools get into our drinking water? It is quite impossible and disgusting too.

Viji: Not impossible! Even a tiny bit carried by a fly or even in your dirty nails is enough. And it can pass for some distance, say 25 feet through the ground. Thereby entering even well water. Unless we ensure that all our faeces are safely disposed in latrines or buried, that our drinking water is safe from faecal contamination and that our hands are clean and our surroundings are clean we cannot prevent diarrhoea.

Naresh: But we do see that children eating sweets get worms and that they get diarrhoea during teething.

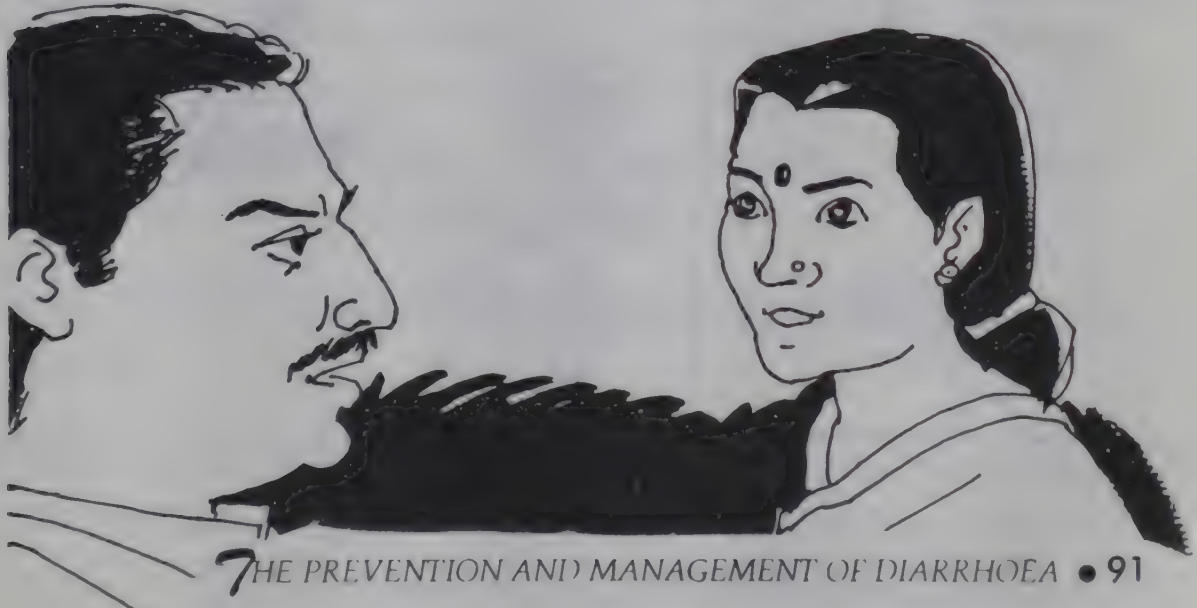
Viji: The only reason why diarrhoea is more common during teething is because children get an urge to bite objects which they satisfy by putting all manner of dirt in their mouth. If we provide clean objects, . wooden toys for it to bite, and keep the place clean where the baby crawls, then it will not get diarrhoea during teething.

Eating too much sweets does not cause diarrhoea or worms. However a lot of sweets kept in the store are infected by flies that sit on them in great number. These may make some of the sweets infected. Of course this could happen with any food that flies are allowed to sit on.



Shanthi : But why did the neighbour's child die?

Viji : Usually children die for only one reason - dehydration, i.e. lack of water. Had some water to drink been given, the child would not have been lost.

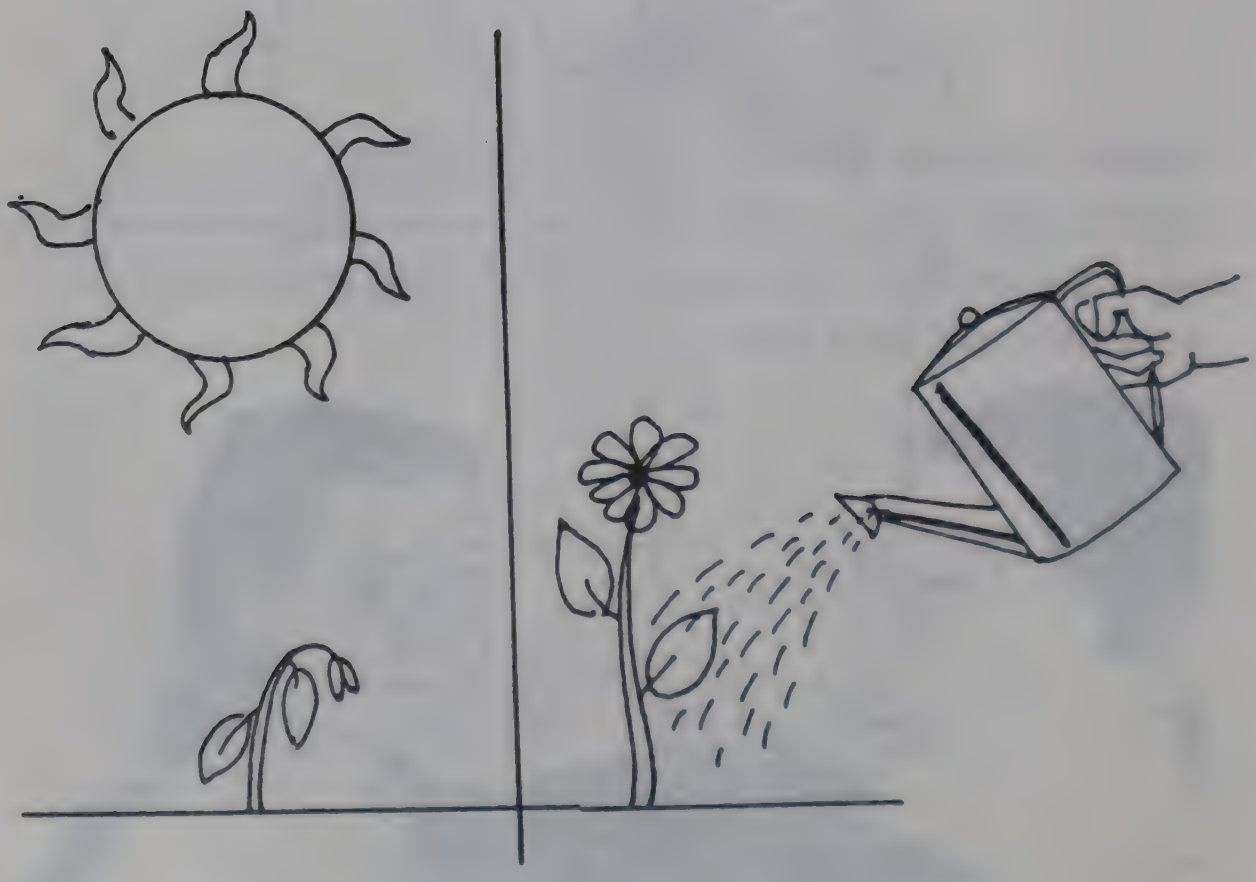


Shanthi: Water? How Viji? Already the child is passing water. Will not giving water worsen it? Indeed, their grandmother advised them to stop giving water?

Viji: That is a mistake. A serious mistake. A Fatal mistake.

You know that on a hot day a plant loses a lot of water. But that is why you have to water it. Otherwise it would die.

A child with diarrhoea is losing all its body water. This body water has to be replaced urgently. If not the child will die. The water the child drinks is absorbed from the gut in the first part itself and it goes to replace body water. If the child does not drink water it would soon wilt and die.



Naresh: How much water to give? And how is it to be given?

Viji: Water alone is better than no fluids at all. However the child loses various salts also and therefore it is best to give special drinks or solutions.

What can be given?

a) The best thing to give is ORS solution. In all our pharmacies and health centres small packets of ORS are available. The Govt. health center is also expected to provide stocks of this packet with in each hamlet. Take a packet and mix it with a litre of clean water. Stir it and give it to drink.

Do not add ORS powder to other liquids like milk or soup. Only to water.

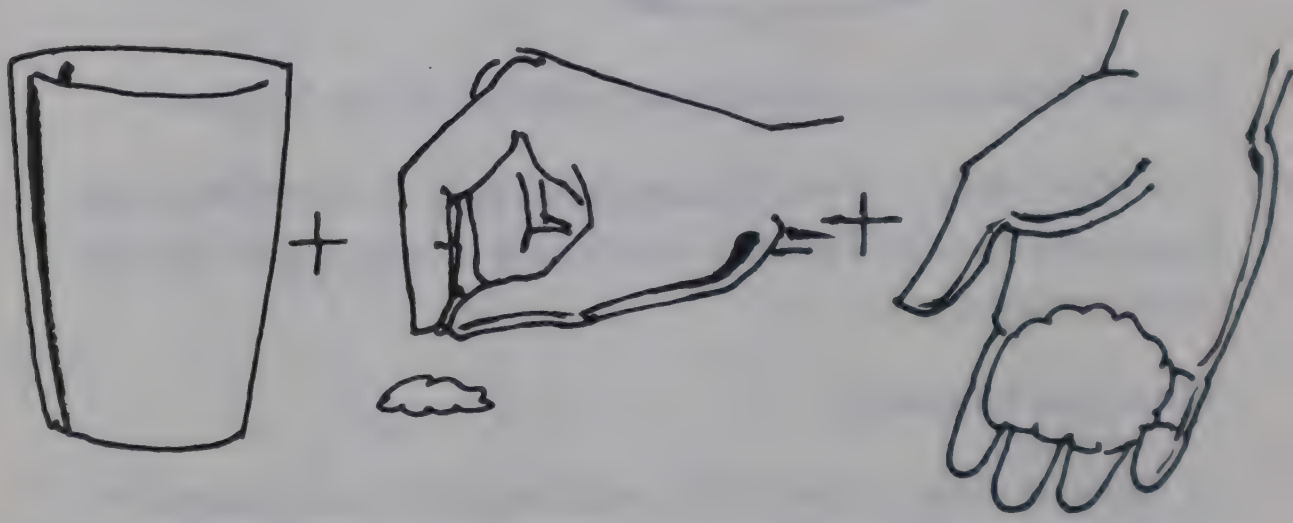
Make sure you taste it. It must not be too salty or sweet. That means there is too little water and that is bad for the child.

b) If ORS packets are not available, one need not spend money in buying costly powders. Here is an alternative.

In one glass of clean water (about 200 ml) add a scoop (four fingers full) of sugar, and a pinch (taken with three fingers) of salt. Stir well. Remember to clean your hands first with soap and water. A drop or two of lemon may make it more tasty.

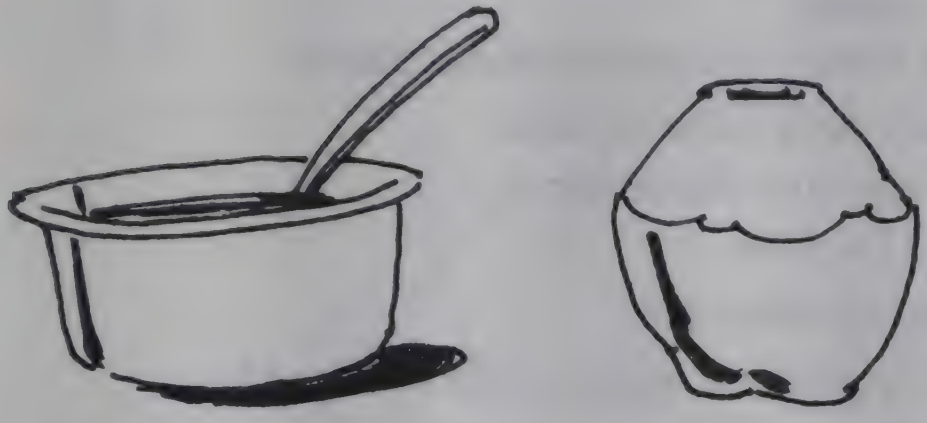
Stir well and give it to the child.

Or take a litre of water. One can measure a litre as five glasses or better still use a milk bottle or an empty clean mineral water bottle. To this add 8 level teaspoons of sugar (or five scoops of sugar) and 1 level teaspoon of salt. Stir and use.



c) Other equally good substitutes are

- Rice water - a bit dilute and with salt in it
- Tender coconut water - costly but excellent.
- Soups
- Weak tea



Kamala: But how much to give?

Viji: Give at least half a cup of water (for children below two) or one cup of water (for children above two). One must give this every time the child passes a watery stool. Continue to give fluids until the child is passing plenty of light coloured urine.

Kamala: But my child often vomits everything out.

Viji: Try giving fluids as a very small sip at a time. However if severe vomiting persists or water loss is severe, then take the child to the health centre or a doctor.

Shanthi: When must we take the child to the health worker or doctor?

Viji: If the child has severe vomiting or severe loss of water. We can recognise this by

- Sunken eyes
- No tears when child cries
- Sunken forehead
- Dry tongue
- Skin when pinched up remains folded
- Scanty, dark coloured urine

One must also go to the doctor if:

- Child has fever
- Passes blood in stool
- Passes excessive watery stools within an hour

This child has diarrhoea and is seriously ill.

The soft spot on her head is sunken

Her tongue is dry

Her eyes are sunken

When her skin is pinched, it stays folded for two seconds

She has not passed urine for half a day

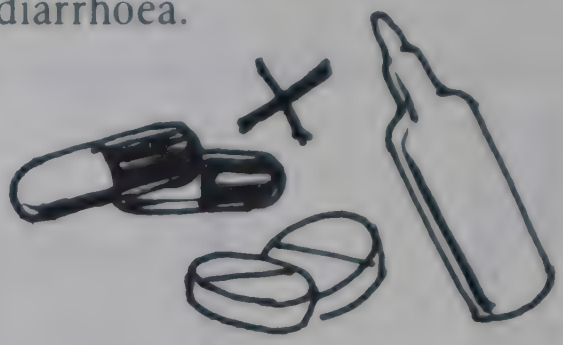
She is drowsy

She has been having watery stools for two days

She vomits a lot

This child is already in great danger
Don't wait for all these things to happen.
Start treatment early
Take her to the health centre if she does not get better.

Shanthi: But is it not important to give tablets and injections and put a saline drip for diarrhoea.



Viji: Most medicines for diarrhoea are either useless or harmful. The diarrhoea will usually cure itself in a few days, provided fluids are given. The real danger is the loss of water. Only in some special situations - like fever, blood in stools are tablets needed. Injections are needed if vomiting is severe and persistent. A saline drip is needed only in severe dehydration.

Also remember - continue breast feeding and persuade child to continue eating as usual. Curds, fruits, porridge etc are very good. When child is recovering give an extra meal, for her to pick up the lost weight.

Naresh: But why do so many children have diarrhoea so often in out village?

Viji: Partly because so many children are malnourished. Malnourished children develop diarrhoea much easier and it lasts longer in them and affects them more. Most diarrhoeal deaths are in malnourished children. It is equally true to say that much of the malnutrition is due to diarrhoea.

The other major reason for so much diarrhoea is the bad state of sanitation in our villages. If all faeces are safely disposed because people use latrines, and if flies cannot access the faeces or our food, if hand washing is followed whenever food is handled, whether it is for cooking or for serving or for eating; and if all drinking water is disinfected or boiled - then diarrhoea will become rare.

Shanthi: We have to talk to the panchayat leaders about this.

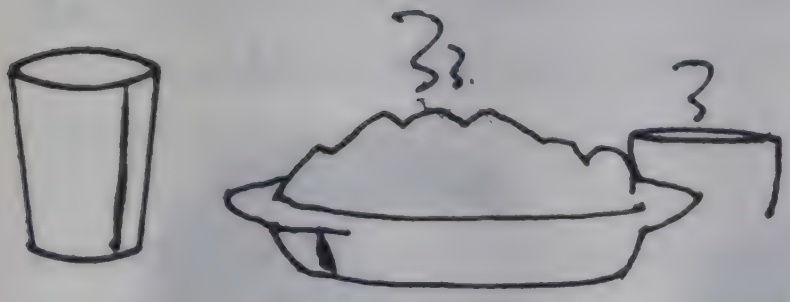
PEOPLE'S INITIATIVES IN PRIMARY HEALTH CARE

ACUTE CHILDHOOD RESPIRATORY INFECTIONS

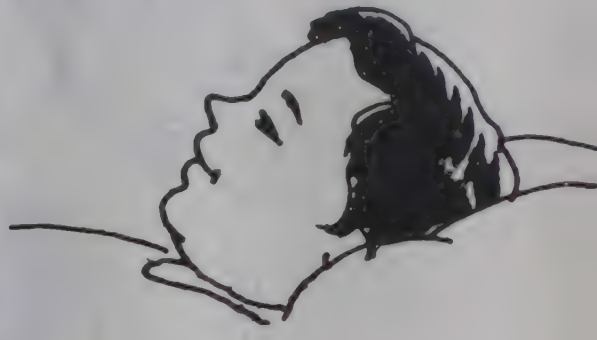
Bharat Gyan Vigyan Samithi

What is the commonest childhood illness?
Undoubtedly it is coughs and colds.
Almost always this becomes alright on its own.
But sometimes this becomes dangerous. It becomes pneumonia, which is perhaps the commonest cause of death in children. In this booklet we shall learn.
a. To differentiate pneumonia from common coughs and colds
b. How to manage these.

Colds come and go. One need not worry about them. They become alright on their own.

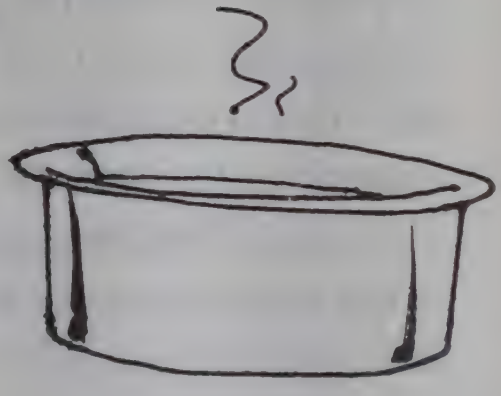


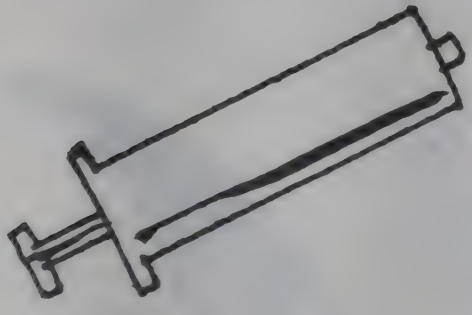
All one needs to do is to give more water to drink. And nutritious food. And adequate rest. If the blocked nose is very uncomfortable steam inhalation helps. Or one can try to take some warm water in ones hands and inhale it through the nostrils.



For very small children one can suck out the mucous using a suction bulb or even a syringe without the needle.

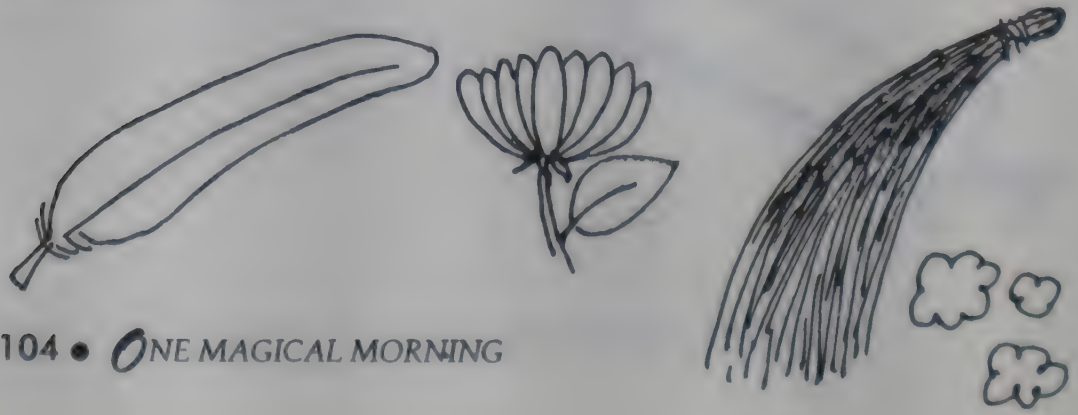
Clean the dripping nose frequently but do not blow the nose hard. Blowing the nose may cause ear infection.





Neither cold weather nor getting wet causes colds. However if a cold is coming, getting wet may precipitate it.
Taking the child into the open air does not give it a cold. We get cold because of a virus. A virus is a very small germ. When someone with a cold or cough sneezes or coughs this virus is sprayed in the air and inhaled, this causes a cold.

To protect children from getting cold try to keep them from coming into contact with other children or adults who have a cold. This is possible to only a limited extent.
Sometimes frequent colds are due to an allergy.
This means that some common substance in our surrounding is not agreeable to the body and causes a cough or sneezing and a running nose. For example, dust, feathers, pollen grain of certain flowers etc.



Usually cold comes along with some mild cough. Sometimes there is fever also.

Cough is a mechanism by which the body expels unwanted material from the lungs or the wind pipe. If cough brings out phlegm (mucous) then do not suppress this cough with medicine. Instead drink warm water or inhale steam to help the mucous loosen and come out easily.

Usually such coughs also get alright in a few days. However if the cough or fever persists for more than three weeks and is associated with loss of weight and appetite then consult a doctor. It may be tuberculosis.

Buying medicines for such coughs and colds is a waste of money. Some of the medicines are harmful. If one has fever and/or wants some quick relief from the cold paracetamol tablets may be given. Even this, only if very necessary.

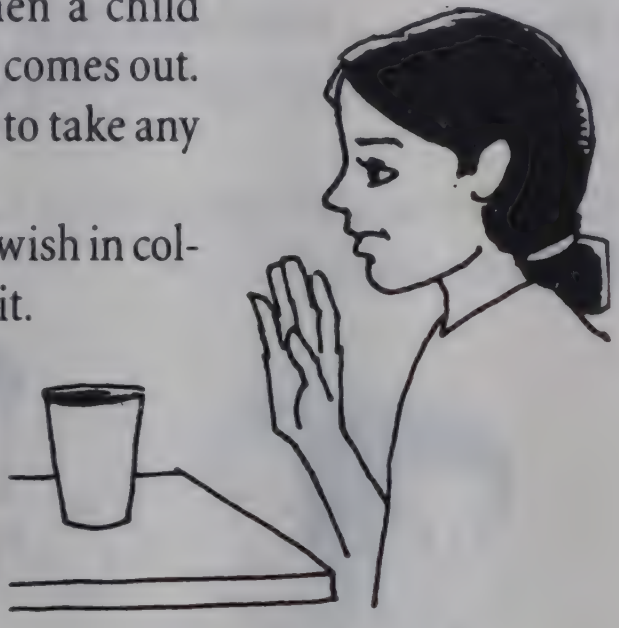
Good food, water and rest are the best.

Coughs and colds however decrease the child's appetite. This reduces his/her food intake considerably. Try to use extra persuasion to maintain the child's diet. After the cold and cough has gone give an extra meal for a week so that it can catch up.

Sometimes this cough and cold becomes a dangerous pneumonia.

What are the danger signs?

a. If the rate of breathing becomes very fast (above 40 per minute in a child between 1-5 years old; above 50 per minute in a child between one month and one year old; Above 60 per minute in the first month of life)
b. If there is indrawing of the lower chest. Normally when a child breathes in, this part comes out.
c. If the child is unable to take any food or fluids.
d. If the sputum is yellowish in colour or has blood in it.



If any of the above signs are there, one must see a doctor immediately.

In case there is no doctor:

If there is no doctor to refer to or the family is unable to take the child to a doctor the same day for some reason, we should not wait to start treatment. Better to start on co-trimoxazole tablets. Crush a tablet of co-trimoxazile and give it along with some sugared water or milk and sugar. One needs to give this drug for at least five days or three days after fever has stopped. Just one or two tablets is no use. But let this not become a substitute for seeing a doctor.

How much co-trimixazole to give

0 to 1 yr --------- 1/4 tablet twice daily

1 to 2 yr --------- 1/2 tablet twice daily

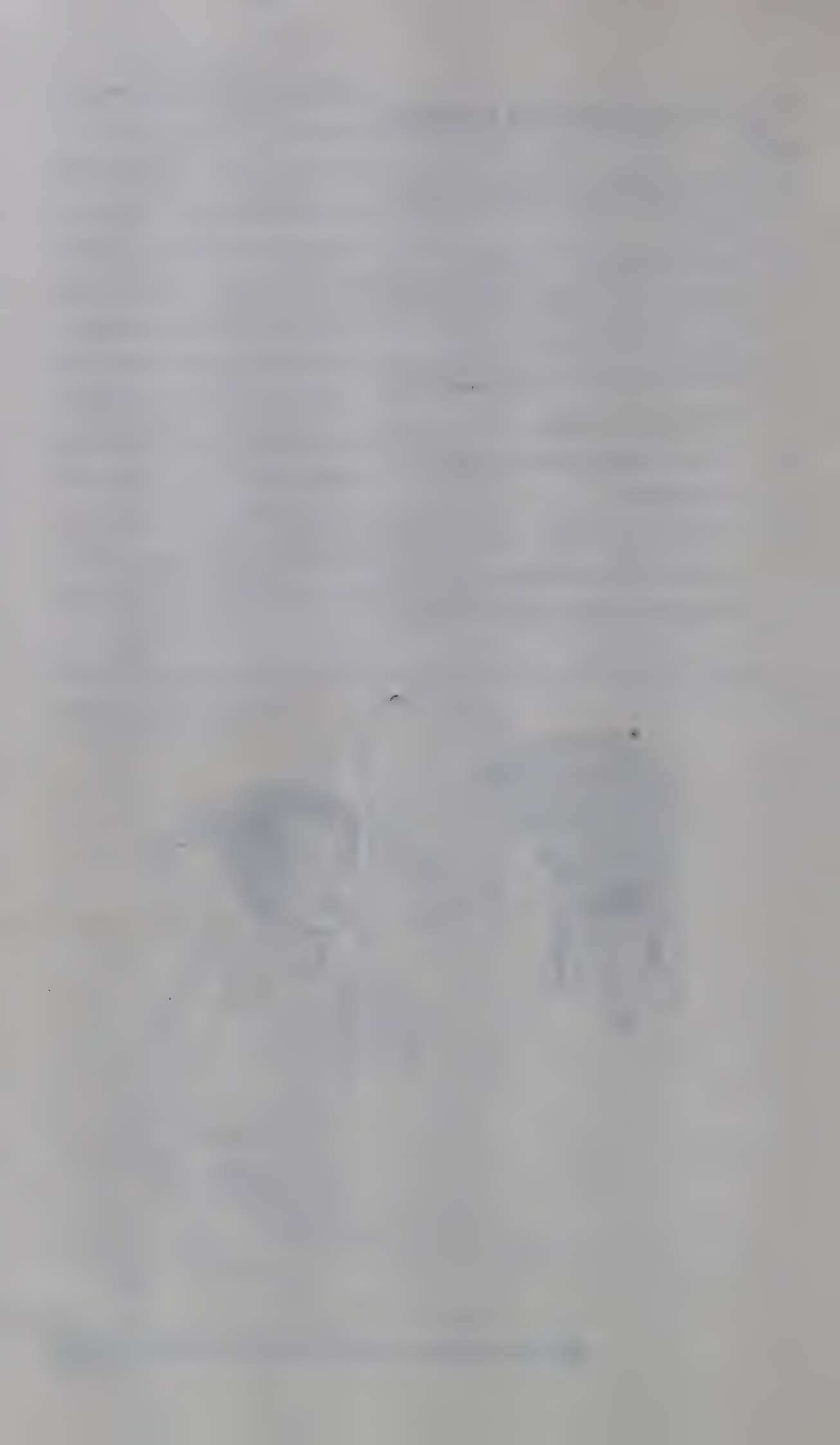
2 to 3 yr --------- 1 tablet twice daily

6 to 12 yrs.------- 1 1/2 tablets twice daily.

(Tablets refer to adult tablets where the trimethoprim content is 80 mg. per tablet.)

How does one prevent pneumonia?

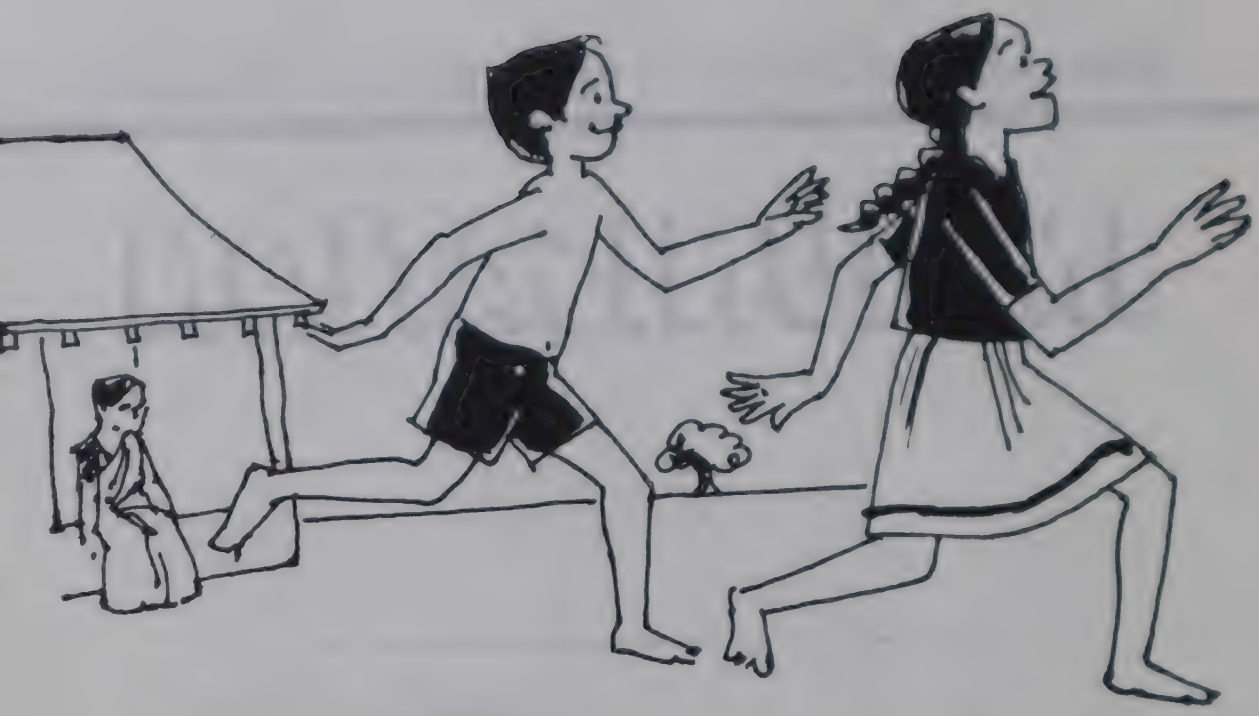
a. breastfed children get less pneumonia
b. Malnourished children get pneumonia easily and it is more dangerous in them.
c. Ensure complete immunization by one year of age.
d. Avoid a smoky and polluted environment
e. As far as possible avoid overcrowded, ill-ventilated places of living or schooling or of work.



PEOPLE'S INITIATIVES IN PRIMARY HEALTH CARE

IMMUNISATION

Bharat Gyan Vigyan Samithi



Look there, the village health nurse is coming. She comes to ensure that your house remains a happy house. That some of the dangerous diseases that threaten your children are forever banished from your house and from the village. Here is what she has to tell us.

"Soon after the child is born give the child an injection to prevent TB. This is called the BCG injection. Many children who die of cough with fever and weight loss are dying of this disease - TB.

Then 6 weeks later give the child an injection of DPT (triple vaccine). At the same time we will put a drop of anti - polio medicine in its mouth. Then this same injection and the anti polio drop are repeated in the third month and again in the fourth month."

"What do these injections do?"

"DPT protects against three diseases - diphtheria, whooping cough and tetanus.

Tetanus is a disease that affects the child when any small wound or cut gets infected with it. Often it occurs because the wound caused by cutting the cord at birth gets infected. Usually the infection of the wound is not apparent. It becomes apparent only when the disease manifests, when it may be too late.

Tetanus is recognised in a child when it stops feeding, cries incessantly and then it develops spasms. In an adult, inability to open the mouth followed by stiffness all over the body and spasms that become life threatening are the signs of the disease.

Whooping cough is a distinctive sounding cough. It weakens and damages the lungs, and if the child does not die of it, it will have weak lungs for life. Diphtheria present as fever and throat obstruction. It is usually fatal. How much wiser it is to prevent these diseases by getting immunized.

Anti-Polio drops prevent polio - that disease of children that does not kill but leaves them lame for life. Remember that for full protection both the DPT injection and the drops must be given three times at least.

And then at the age of 9 months an injection is given for preventing measles. Many children who get damaged lungs or die due to measles could be saved if this immunization is given on time. And yes - all these injections and drops must be repeated once at 1 1/2 years to two years of age and again once on joining school in the fifth or sixth year of life.

What if the child has fever or cold when its immunization is due? Well-one can still give the immunization. No harm will come of it.

What if the gap between doses exceeds four weeks? No harm at all. In fact it works just as well.

Are there any adverse effects of such immunization?

Very little or not at all. Many children develop some mild fever and pain and swelling at the site of injection. This is harmless and improves by itself. Give them paracetamol if some measure of relief is desired.

Sometimes after measles injection they may have a very mild attack of measles. This is harmless and passes off, leaving immunity against further attacks.

Another problem is if an abscess develops at the site of injection. This needs be treated with antibiotics and may often need incision and drainage. This is a particularly bad complication to have for it means that the injection used was not sterile. If the person giving the injection is careful, this should not occur. But let us ask the nurse two more questions. What about immunisation for the pregnant woman? And what about injection for hepatitis, brain fever, typhoid etc.?

Immunisation is also important at pregnancy. The pregnant woman must receive two doses of anti tetanus injections, one as soon as the pregnancy is discovered and another after four weeks of the first. The second injection should be before the 9th month of pregnancy. In the second and subsequent pregnancies one injection is enough.

Nowadays there are doctors who advise that all children get immunised against hepatitis (jaundice) or encephalitis etc. On the other hand there is not enough evidence to show that such inmunisation for jaundice and brain fever is needed or is very useful, except in a few special circumstances. These are costly injections and are in most cases better avoided.

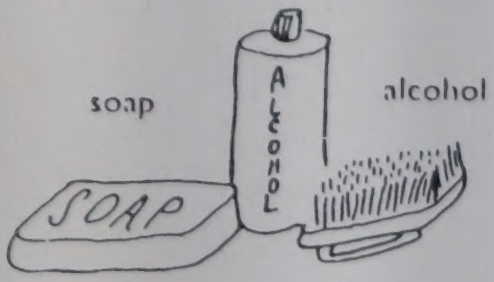
DEPARTMENT OF PAEDIATRICS

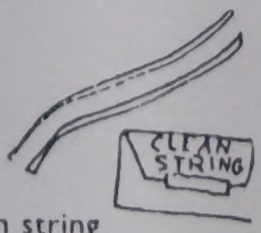
IMMUNIZATION RECORD

		Age Suggested	Date Given
BCG		Birth	
OPV (Oral Polio)		Birth	
TRIPLE ANTIGEN (DPT)	1	1 1/2 M	
	2	2 1/2 M	
	3	3 1/2 M	
BOOSTER	1	1 1/2 Y	
	2	5 Y	
ORAL POLIO	1	1 1/2 M	
	2	2 1/2 M	
	3	3 1/2 M	
BOOSTER	1	1 1/2 Y	
	2	5 Y	
MEASLES		9-12 M	

M - MONTH Y - YEAR

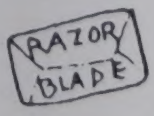
These are the things that a pregnant woman should keep ready by the seventh month of pregnancy and not the ones shown in page 49.



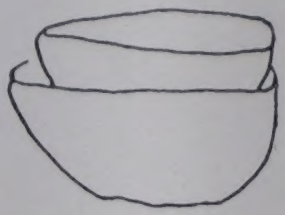


clean string.

clean cloths

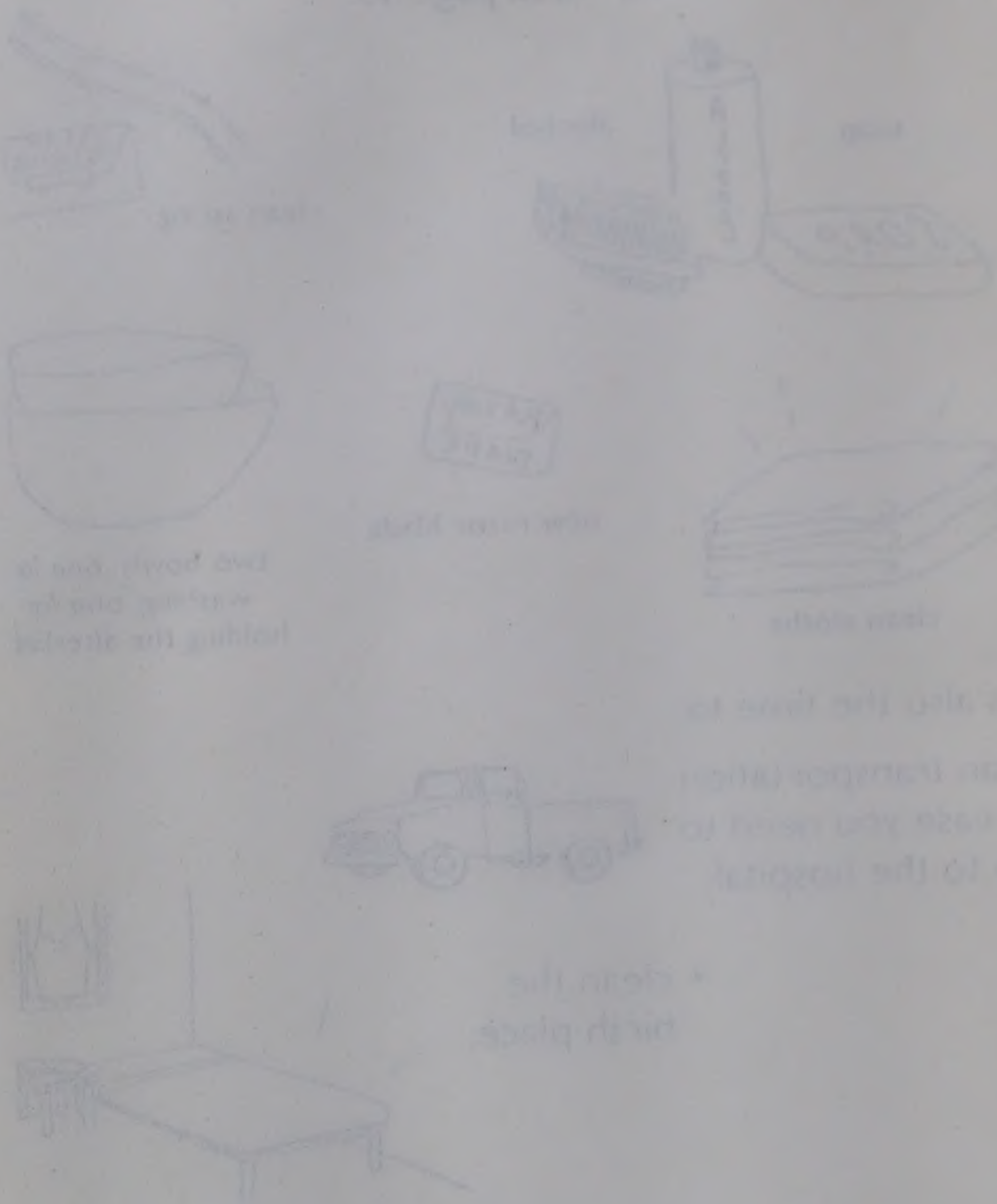


new razor blade



two bowls, one for washing, one for holding the afterbirth

This is also the time to:

- plan transportation in case you need to go to the hospital.

- clean the birth place.